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Cerebrospinal Meningitis

BY JOSEPH C. DOANE, M.D.

IN the medical wards of this hospital there is a young man whom some of you may have had an opportunity to observe during your nursing service in this department. He was brought to the hospital about ten days ago, complaining of an excruciating headache and an inability to bend his neck, such effort causing much pain. These symptoms had begun two days previously, the patient being prevented from working because of the presence of what he thought was "grippe." This young man had, on admission, a rather high fever, a pulse which was well under 100 and which has been characterized during his ward stay by not only a curious variation in rate, but also by a rather constant irregularity. This patient's illness was caused by an infection of the coverings of the spinal cord and brain—the condition concerning which I wish to talk to you, today.

Cerebrospinal meningitis is a disease to which a number of names has been assigned:—Epidemic Spinal Meningitis, Cerebrospinal Fever, Meningitis Fever, Hospital and Jail Fever. Many physicians prefer, for several reasons, the term Cerebrospinal Fever. The term Epidemic Spinal Meningitis is not generally used now, since this disease does not often occur as a true epidemic. Although usually there are a few cases

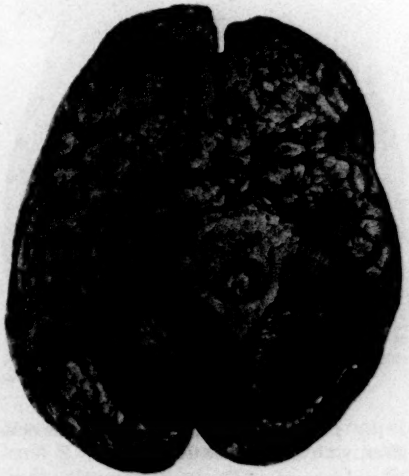


Fig. 1—Purulent collection at base of brain with maximum concentration about brain-stem.

almost constantly present in most cities, the term Epidemic Meningitis is misleading. This is a specific disease. In other words, there is one definite organism which is a constant cause of this condition. This organism is described as biscuit-, kidney- or lima-bean shape and occurs in pairs with the concave surfaces facing each other. Sometimes you will find in your reference books, as the cause of this disease, the term *diplococcus intracellularis meningitidis*. This rather lengthy, but just as descriptive name, has been given to this

organism because it occurs in pairs and because it is found within the body of the white blood cells. Indeed the bacteriologist is loath to make a definite statement as to the identity of the germ causing the condition, and hence of the disease itself, unless the organisms are located within the polymorphonuclear or pus cells. The specific causative germs are usually found rather plenteously in the spinal fluid of the patient.

Fig. 2—Brain swelling marked. Ventricles filled with purulent material.

Indeed when a spinal puncture is done, the fluid ofttimes, instead of being crystal clear, as you have observed it to be, is cloudy or even distinctly purulent in nature.

We have often discussed with you, during this course, the possibility of a healthy person harboring in or on his bodily tissues, germs which are to him harmless under ordinary circumstances but which may become suddenly virulent or disease-producing. Such a person is the disease carrier who is such a problem to the public health officers everywhere. The meningococcus is such a germ, for it may be found in the nose and throat of well persons. Meningococcic carriers must therefore be added to the list of public-health menaces which includes, as you know, those of typhoid, diphtheria, pneumonia and, no doubt, not a few others not yet described.

During the recent World War, very careful throat cultures were made of soldiers, in an endeavor to learn of the presence of carriers who might be responsible for the spread of this disease. Hundreds of soldiers were found who had meningococci in their nasal and throat cavities and who were isolated as a means of protecting others. So it is felt that the germ causing cerebrospinal fever may be derived from the throats either of persons who are actually suffering with the disease or from the noses and throats of persons who are not or have not been ill. The meningococcus stains easily with most of the common dyes, such as methylene blue or gentian violet. It cannot exist long outside of the body, since it is rather easily killed by drying. Its detection in the pus cells of the spinal fluid of patients suffering with the disease is not a difficult matter.

May I say a few words now with regard to the pathology of this interesting condition? The coverings of the brain and spinal cord,—the meninges, receive their name from a Greek word meaning "membrane." There are three meningeal layers: the outside, called the duramater or hard mother; the middle or arachnoid, which gets its name from another Greek word because it is web-like, in its make-up; and the piamater, the tender, soft, inner layer. In any type of meningitis which, of course, means an inflammation of the coverings of the cord or brain, the infection is usually in the sub-arachnoid space, as you would expect. The piamater or inner coat is the most acutely inflamed. Early, the membranes are reddened, the vessels engorged; later, an excess of serum

is thrown out; and finally this fluid changes to pus. The whole cord now looks shaggy. Indeed it may appear to be encased in a sheath of muco-pus. I am going to pass around for your inspection this very fine specimen which has been removed from the body of a patient dying with cerebrospinal fever. Please note that the duramater has been laid back and that the piamater and arachnoid appear yellowish in color and are rough and shaggy as a result of the purulent inflammation which they have undergone. In this instance, the infection extends through the whole length of the cord. Later the meninges of the brain may become infected, so that the patient is extremely toxic because of the large amount of infected tissue present. The meningococcus is, of course, not the only cause of meningitis. However, the meningococcus is one of the few organisms, with which the meninges are infected, from which the patient often recovers. The mortality is almost 100 per cent in infections of the meninges by the pneumococcus, the streptococcus and the influenza bacillus. In tuberculous meningitis, the mortality is slightly lower. The pathology, then, of cerebrospinal fever is largely centered around the inner coat and the middle coats of the brain and cord coverings. As in many other conditions, the extent of this infection determines the type and seriousness of the symptoms. Hence, if this infection involved only the upper portion of the cord, we would expect only those nerves which arise from the cord at that point to be involved. If the coverings of the base of the brain are affected, then we would expect the symptoms to be largely determined by the site of involvement.

Let me mention some of the predisposing conditions. Cerebrospinal fever is a disease of youth; 50 per cent of the cases occurring under five years of age. About 30 per cent occur in the next five

Fig. 3—Spinal cord entirely encased in purulent envelope. One moderate-sized hemorrhage to be seen.

years, so that we can safely say that at least 80 per cent of all cases are patients under the age of 10. The remaining 20 per cent of cases are scattered throughout the next four or five decades. Season seems to have a good deal to do with its frequency. The months of the late winter, January, February, March, even up to May, seem to be the months of greatest incidence. Males seem to be more disposed than females. During the World War, various countries had a great deal of difficulty with cerebrospinal fever among their troops. Recently, in reading the life of Sir William Osler, I came across a reference to the problem of controlling cerebrospinal fever in the camps of the British troops.

The French Army had a considerable number of cases and here in the United States there were three camps in the south in which the disease reached almost epidemic proportions. The normal incidence throughout the year is said to be about 25 cases per 100,000 population. In some of the southern camps, during 1917-1918, there were about 1,500 cases per 100,000 troops. It is thought that fatigue, exposure to cold, as well as the mental strain of the recruit, are strongly predisposing. Cerebrospinal fever appears to be a disease of the city, rather than of the country, nevertheless, while more cases occur in the city it is not uncommon in rural districts. I have read of an incident where eight persons in one family, living near an infected Army camp, were ill with spinal fever at one time. This would at least suggest the contagiousness of the condition. Finally, it is a disease of unsanitary surroundings and faulty hygiene. The names Jail Fever and Hospital Fever suggest that the disease is brought about by crowding, improper food and faulty living conditions.

Now let us see how the organism escapes from the bodies of the sick to those of the well. This is probably by means of droplet infection. There is practically no doubt but that the organism leaves the patient by way of the respiratory tract and that it enters the body of the well person by the same way, being deposited on the throat tissues, entering the blood stream, and thus reaching the meninges.

The period of incubation must be pretty short. It has been observed that this period may vary from three to five days. The onset in the average case is sudden and stormy. Sometimes a patient in perfect health is promptly stricken down and in a few hours is very ill. Usually, in the typical case, headache, chilliness, high fever, dizziness, nausea, vomiting and a slow pulse manifest themselves as early symptoms.

There are some very interesting signs observed in cerebrospinal meningitis, as there were observed in the patient mentioned above. Stiffness of the neck is the first thing the physician observes. Sometimes this is first noticed by the nurse when she is bathing the patient. This stiffness is due to irritation of nerve roots as they emerge from the spinal cord,—a stimulation which causes a contraction of the muscles of the neck. The neck rigidity now extends to the back, so that the patient sometimes rests on the back of his head and his heels. To that position we give the term opisthotonos. This stiffness may extend to practically all the muscles of the body. In 1884, Dr. Kernig described a sign which he rather constantly observed in meningitis. This physician observed that if such a patient sat on the edge of the bed, with his legs hanging over the edge, he could not straighten out the leg below the knee. Nowadays, we rarely test for a positive Kernig sign in this way, but with the patient lying on his back in bed, when the thigh is flexed on the hip, the leg can not be straightened, if the test is

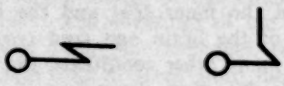


Fig. 4

positive. A positive Kernig sign is present in 85 per cent of patients suffering with meningitis. Sometimes, when an effort to flex the head on the chest is made, flexion of the thighs at the hips and of the legs at the knee results. Flexion of one thigh on the trunk, also often produces the same flexion in the other leg. This reaction is not infrequently seen in meningitis and has been called Brudzinski's sign, after the physician who first described it. The patient may display a typical Cheyne-Stokes'

respiration or the breathing may be deep and sighing in character and irregular in rhythm. The pulse rate may be slowed. This is due to stimulation of the vagus by the disease process or its toxin. Then, too, cerebrospinal fever is of interest to the observer because there is often a rash present. There are two types of rash. We think of *herpes labialis*, (cold sores on the lips), as being typical of malaria and pneumonia, but *herpes facialis* is quite distinctive of cerebrospinal fever. There is another type of rash present in about one-half of the cases; it is from this rash that the disease too often gets the name Spotted Fever. This is very much like the rash of purpura. It is blotchy in character, looking like a collection of blood under the skin. Some interesting mental symptoms are often present. The delirium may be an early manifestation and may continue over the whole period of illness, or it may appear for a few days and then clear up. The patient is most sensitive to light, sound and touch. Depending on where the inflammation is located, will be the presence of cranial nerve symptoms. If the inflammation affects the root of the optic nerve, blindness follows; if the eighth nerve is involved, deafness; if the sixth, difficulty with focusing—double vision; if the seventh, facial paralysis will result.

Now from the standpoint of making the diagnosis, the doctor first wants an opportunity of studying the spinal fluid, hence a spinal puncture becomes necessary. In all meningitis, of whatever type, it is almost impossible to make the type diagnosis without this puncture and the withdrawal of spinal fluid for examination. The finding of the meningococcus there makes the diagnosis certain.

With regard to specific treatment, Dr. Flexner, working in the Rockefeller Institute, has developed a specific serum which has changed the death rate from 75 per cent to 25 per cent. Before this serum became available, approximately 75 per cent died and 25 per cent got well, but now 25 per cent die and 75 per cent recover. The injection of the serum is done after an equal amount of spinal fluid has been withdrawn.

Finally let us remember that in nursing a patient with cerebrospinal meningitis, you should take reasonable precautions to remove any possibility, remote as it is, in the light of our present knowledge, of contracting the disease yourself. These should be of about the same type as you would employ in regard to pneumonia. In this condition you should remember the patient's peculiar susceptibility to unusual sights and sounds, that the patient may not be aware of a need for voiding urine, and that the tissues, due to interrupted nerve supply, may be peculiarly liable to abrasion and infection. Moreover, the art of nursing must be much in evidence in handling this disease because of the fretfulness and irascibility of temper which so often are displayed by the patient.

Easter

O IT comes again with a cosmic swing,—
The break of the ice in river and lake,
The migrant flight and the forest awake;
'Tis the silent spread of the insect wing,
And the rush of the rain-cloud thundering;
The waters are singing under the snow,
There's a sense that somehow wind flowers blow,—
There's a thought of sepulchers opening.
And softly out of the heart of the world
Comes joy, like a wintering bud unfurled;
Sure as a star in the infinite plan
Faith lifts her white flower in the soul of man,—
And it comes again—an exultant breath—
The cry of the Spring, "Where's thy victory, Death?"

—Theresa Virginia Beard.

Nursing Care in Cerebrospinal Meningitis

By Stella Goostray, R.N.

RECALL to your mind the picture which you have had presented to you of a patient ill with cerebrospinal fever. More often than not it is a child. He may be restless or delirious, or in coma, in an opisthotonos position. Perhaps there are herpes on his face and unless he has had extremely good care, there will be sordes on his teeth. He is extremely sensitive to all stimuli,—light, cold, noise and pressure. Too often nurses who are not accustomed to nursing a child forget that the child is as sensitive, if not more so, to stimuli as is an adult.

If we think over this picture, we know at once what this patient needs from us in the way of nursing care. We know the etiology of this disease. It is an infectious disease and therefore medical asepsis must be conscientiously practiced. The details of isolation and disinfection are well known to you.[1] Let us consider, first, the room in which we should have this patient. It should be well ventilated and the bed placed in such a position that the patient's eyes are protected from the light. As in any infectious case, it should be located as near the bath room as is possible. Quietness is essential. Care must be taken that the bed is not jarred. A folded towel, stretched from one knob of the door to the other and pinned, will help to eliminate noise from the jarring of the door. It hardly seems necessary and yet frequent observation shows that it is, to remind the nurse that she should wear rubber heels on her shoes. As the patient is very sensitive to cold, it is often best to use a light flannel nightgown. Small pillows may be used to great advantage in making the patient comfortable. Very often it is necessary to use a bed cradle to support the clothes, due to sensitiveness to pressure and, of course, in this case it is important to see that a very light weight blanket is kept about the extremities. The circulation is poor and means should be used to stimulate it. The patient should be bathed daily. Tepid sponges often reduce restlessness. These patients become emaciated and bed sores are not slow in developing. The back should be rubbed frequently with alcohol, followed by powder, and special care given to all bony prominences, especially the shoulders, elbows and ankles. The patient must be kept scrupulously dry. If the patient is restless, constant friction against the bedclothes produces an irritation of the legs and arms. Attention to these small details characterize a good nurse.

The diet should be of soft and easily digested foods. The patient needs plenty of water, fruit juices and alkaline drinks. Remember that few very ill patients will ask for water. It is sometimes necessary with these patients to resort to gavage. The mouth and lips need frequent care. The mouth should be cleansed one-half hour before nourishment is given and one hour after. The giving of cracked ice, frequently, will help in the care of the mouth. Albolene or cold cream should be kept constantly on the lips. The bowels must be kept open. The nurse should measure fluid intake and output, and be on the lookout for distention of the bladder.

One of the complications found very often in a child is otitis media. The first indication which the nurse may have is that the child pulls at his ear or tosses his head from side to side. Either one of these should be reported

[1] *American Journal of Nursing*, January, 1926.

immediately to the physician. An adult, of course, will usually complain of pain in his ear.

While making a lumbar puncture is solely a function of the physician, the nurse has the responsibility of preparing the tray and caring for the patient during the treatment. The usual lumbar puncture tray consists of:

STERILE

3 towels
3 sponges
2 spinal puncture needles
(For an adult 3½" long—for a child 3" long)
5 c.c. syringe with 1% novocain
3 test tubes for collecting the fluid
2 medicine glasses—one with 3½% tincture iodine and one with 70% alcohol
Sterile applicators
Gloves and gown for doctor

OTHER ARTICLES

If serum is to be used, tube of serum in a bowl of water, 105° F.
Collodion or adhesive strips
Dressing rubber
Kidney basin
Chest blanket
Sheet for restraint if necessary.

The patient should lie on his left side at the side of the bed, and the nightgown should be drawn up to the shoulders which are covered with a small blanket. The bedclothes are fanned down to the hips. In order to widen the space between the vertebrae, the head and the shoulders of the patient should be bent forward and the thighs flexed on the abdomen. If the patient is able to understand, he should be told simply what is to be done, and reassured, and his coöperation secured in keeping in position. The usual place of puncture is between the third and fourth lumbar vertebrae, or the fourth and fifth. Draw an imaginary line from the crest of one ilium across the back to the other. Where this line crosses the vertebrae, is approximately the area where the puncture will be made. Prepare an area 6 to 9 inches in diameter,

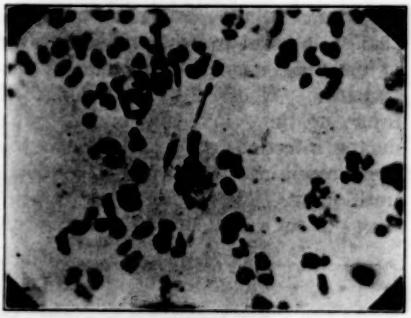


Fig. 5—Smear of spinal fluid showing meningicocci within the cells. (Magnified 1,104 times.

depending on the size of the patient, and according to the method used by the physician. The area is then surrounded by sterile towels. Strict asepsis must be observed. After the nurse has prepared the material for the physician, she should go to the other side of the bed and hold the patient in position. With a child, it is often necessary to use a sheet to restrain him. Fold the sheet on the bias so that you have a 6 to 9 inch fold depending on the size of the patient. Place this under the patient, bring one end up under his knees and the other up over his right shoulder. Flex the right arm and restrain with the sheet by passing this end of the sheet under the patient's shoulders and again over his right shoulder. Bring the ends of the sheet together and tie in a square knot. A very large child may be held in this way. With a very small child, a local anesthetic is not used, but some physicians order chloral hydrate, by rectum, one-half hour before the puncture.

The needle is inserted one half inch either side of the midline. If there is no pressure within the spinal canal, the fluid will drop at the rate of three or four drops a minute. If there is increased pressure, the fluid may spurt out, or come out very quickly. The nurse should watch the color, pulse and

respiration of the patient, as a sudden change in pressure, due to withdrawal of the fluid, may cause circulatory disturbance. There is also the danger of injury to the spinal cord and of introducing infection, although evidences of these conditions would not be apparent until later. The doctor usually withdraws about 25 c.c. of fluid, when serum

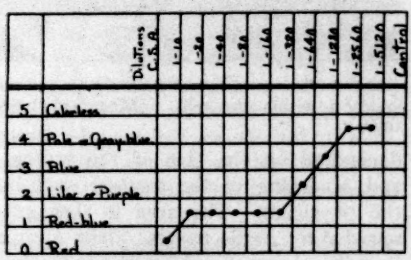


Fig. 6—A colloidal gold curve. Cerebrospinal meningitis.

is to be used, and about 6-8 c.c. for diagnostic purposes. If serum is to be used, most physicians prefer to give it by the gravity method. The serum usually comes with a rubber tube and needle adapter. The tube of serum should be allowed to stand in a small basin of water at a temperature of 105° F. It is important that the serum should be at body temperature when given. Care must be taken that the water which is used for heating it is not too hot, as heat will coagulate the serum. The amount of serum injected is a little less than the amount of fluid withdrawn. The fluid is collected in three sterile test tubes. The first fluid is usually blood tinged, and unfit for examination. Most of the fluid is collected in the second tube. The skin puncture is sealed with collodion, or a sterile dressing is applied with strips of adhesive. The nurse should record on her chart the hour, quantity and character of fluid withdrawn, whether clear or cloudy, whether the fluid was withdrawn under pressure, amount of serum injected and any untoward symptoms. The fluid should be sent immediately to the laboratory.

While the nurse has nothing to do with the examination of the fluid, she sometimes records the laboratory record. She should not be merely a recording machine, but should know the significance of the report. Aside from this, it gives her definite information about her patient. The examination of the spinal fluid in suspected meningitis usually consists of a microscopic examination for the presence of meningococcus, differential cell count, test for the presence of sugar and globulin, and the collodial gold test. There is an increase in the cell count. Ten to fifteen cells in a cubic millimeter of cerebrospinal fluid is normal. In meningitis, the cell count may run from 100 to several thousand, with the greater percentage of these polymorphonuclear cells. In normal fluid, the lymph cells prevail. There is a small trace of sugar in normal spinal fluid; in meningitis the spinal fluid is negative for sugar. The Butyric acid test is used for the detection of an increased amount of protein in the form of globulin. By this test the globulin is precipitated, and may vary from a faint trace to a heavy cloud. The normal spinal fluid, free from serum and blood, gives no change in color with a solution of collodial gold, but when this solution is mixed in certain proportions with the cerebrospinal fluid, from a case of meningitis, there is a change in the color of the solution. Ten dilutions of the spinal fluid are made, running from 1 to 10 to 1 to 5,120. The graph shows the color change which takes place in meningitic spinal fluid. In meningitis the marked color changes are seen in the dilutions from 1-640 to 1-2,560. This test is also done in general paresis and lues. In general paresis, the marked change in the dilutions is from 1-10 to 1-60, while in lues it is from 1-40 to 1-320.

The Pasadena Nursing Center

By Emily J. Jennings, R.N.

IT has been well said that there are no short cuts to success. Things evolve, but during the process of evolution there is the "toiling age," when the toiler, "keeping everlastingly at it, achieves success."

The Nursing Center located in the Professional Building of Pasadena is a community enterprise. It is more than that; it is a tribute to nurses, and represents the result of long years of service and effort on the part of the Registered Nurses' Club of Pasadena by which it was established.

The local organization of nurses, however, on June 3, 1926, presented the Center to the newly organized District Association, District Twenty-two of the California State Nurses' Association. This magnanimous gift and the transfer of activities from one association to another is a contribution to professional advancement. The Nursing Center in Pasadena has become Headquarters of the District Association; all nursing activities within certain boundaries are thus centralized and it is separated from the California State Nurses' Association only as the branch is separated from the vine.

The activities at the Center are operated at a minimum cost, yet not at the cost of nursing standards. The personnel is composed of registered graduate nurses. The Director, Isobel M. Sclater, is a capable executive who is giving modest constructive service and who is familiar with professional and community problems.

A threefold service is fulfilled by the Center to the physician, the nurse and the community. The Official Registry (membership on which is limited to members of the local District Association) assures the physician and the community that the nurse who responds to a call has the utmost qualifications. The demand for the hourly nursing service has increased markedly during the last two years and now plans are on foot to augment this service by Community Nursing, to provide for the patient of moderate means.

Nurses on duty in homes, meeting a

lack of hospital equipment, may secure the needed articles through the department of Sick-room Supplies; i.e., hospital beds, bed blocks, bed trays, wheel chairs, pitchers, basins, etc. Emergency calls for hypodermoclysis or blood transfusion are quickly despatched. This department is equipped with a Castle sterilizer. Complete sterilization of surgical linens as well as the autoclaving of solutions for intravenous injection have been appreciated by physicians who, for any reason, may be unable to remove a patient to a hospital.

Physicians are promptly located through the service of the Doctors' Exchange and one member of the staff of the Nursing Center, being a Notary Public, provides a much appreciated service to the physicians.

The Professional Building houses fifty-seven physicians. One was heard to say at the Center that the celebrated pickle manufacturer "has nothing on us" for fifty-seven varieties! The Nursing Center is on the main floor, with a store window for display of surgical supplies; a mezzanine was built in, to accommodate the offices of the Registry and the Notary Public.

"Keeping everlastingly at it achieves success."

Coöperation of Parents

SHORTLY after the entrance of a student into the school of All Souls' Hospital, Morristown, New Jersey, the following letter is sent to the parents:

The entrance of your daughter into All Souls' Training School begets new obligations for you and for us. She is now entering upon a field of professional activity which is one of the noblest to which a girl can aspire. It will, therefore, be our constant aim to inculcate the principles of practical and theoretical nursing in such a way that, at the completion of her course, she will have attained the highest degree of efficiency in all the various branches of nursing. Her moral training, also, we shall endeavor to develop and preserve with the same scrupulous care that she would receive in her own home.

Accordingly, in this great work, we ask your coöperation. At stated intervals, you will receive a detailed account of your daughter's progress. When the report measures up to your expectations, your own satisfaction and words of encouragement will help her to realize that she is doing her work well. And if, which rarely happens, her work is not as thorough and as efficient as it should be, your advice and counsel will be a great help in stimulating her to more serious and conscientious effort.

As the studies and practical work in the hospital are of a somewhat arduous character, ample time is allotted for recreation and amusement. As the student nurse is beyond our jurisdiction during these periods, we ask further that the parents manifest an interest in the manner in which this time is spent; e.g., what her amusements are, who her associates are, and all other matters pertaining to her physical and spiritual well-being.

The Sisters will always welcome an opportunity to interview the parents in reference to any of these subjects.

Thanking you for your interest, I am,

SISTER GRACE BERNARDINE, R.N.
Superintendent of Nurses.

At the end of each month a report card is sent to the parents. This is planned for the school year. It bears, on the face, spaces for the subjects taught, for professional conduct and for rank in class. It carries the signature of the Superintendent of Nurses. The reverse has space for parent's signature each month.

One hundred per cent coöperation has been received from the parents. A duplicate card is posted on the bulletin board. The Sisters feel amply repaid for the work entailed because the students have shown marked interest and are ambitious to secure the honor of being the "rank one" pupil.

State Board Examinations

By Caroline V. McKee, R.N.

WHATEVER may have been the instruction of the student nurse during her period of study while in the school of nursing, there follows one factor that serves as a final test for all those who would meet the standard of "registered nurse." While this test is imperative and the type of instruction even more so, yet the examination does not always prove to be a complete measurement of the individual's ability. However, it does give a fairly good idea of the general knowledge of the nurse. Since no better plan has ever been introduced, we shall still need to cling to this well-established method of identifying accredited standards. The registration certificate is based upon credentials, diploma and examination. It is a bona fide state evidence of qualifications.

There are variations in questions asked at this final examination as well as in preparation. These variations are due to the wide difference in what teachers and examiners consider important, but whatever the difference, the crux of the matter is that if the factor stressed leads to the care and comfort of the patient, then all are justified.

Some questions that have been asked at state board examinations are here considered. There are some words that bring out the wrong idea when incorporated into the questions. Good examples of these words are "diagnosis" and "treatment."

"If a patient you are nursing should develop a strangulated hernia, what symptoms would lead you to recognize it?"

"Give symptoms and treatment for croup."

"Give cause, symptoms, treatment of scoliosis."

These questions are clear, concise and free from ambiguity, which are some of the important requisites for adequate questions, but *they are not nursing questions*. Therefore, they have no place in an examination that is intended to test the nurse's ability to care for the patient.

Examination questions designed by other than nurses are exposed to dangers. To explain what is meant by this statement, we quote from a set of questions presented to a group of nurses by medical examiners.

"Hygiene of mouth, and teeth in febrile condition."

"Previously to entering the operating room, what points are to be observed?"

"How do you make saline, what should be the temperature and how should it be given?"

"State important point in nursing T. B. patient regarding patient."

There is much in favor in the rightfulness of these questions, but less to commend when considering

"What have been thy answers what but dark,
Ambiguous and with double sense deluding."
—Milton.

To be more definite, the last two questions might have been stated somewhat like this:

"How would you make two quarts of normal saline?"

"How should it be prepared for hypodermoclysis?"

"What personal hygiene would you teach a tuberculous patient?" Or, (according to the thought in mind) describe the care of a tuberculous patient."

The unwelcomed borderline question is likely to appear when referring to a case where there is a responsibility empowered the nurse which involves recognizing perceptible changes in the human body. This responsibility is increased when the nurse sees indications of, for example, communicable diseases. When this happens, to her everlasting credit, may she know how to care for

the patient while awaiting the arrival of the physician. Let me repeat, that she cares for the patient with sagacity and adroitness, exhibiting skill in avoiding danger in so far as transmitting the disease to others is concerned. In this case, circumstantial evidence comes very near the realm of diagnosis but, when this word is used, it gives a wrong impression to the public and to the professions.

Granting that statutes are designed to insure that those who make an occupation of caring for the sick shall have sufficient knowledge of the human body in health as well as disease, then to prove this, all candidates are required to pass an examination in anatomy and physiology, bacteriology, dietetics, drugs and solutions. Questions in these subjects are made up with consideration of what would be fair to ask the nurse who has been given a chance to attend lectures and classes with the supposition that the standard curriculum was used as a guide in instruction.

When instigating a helpful plan that would bring together the ideas of instructor and examiner, each accredited school of nursing in the state was asked to submit one hundred of its best questions. In this procedure we found a twofold content arising out of the responses that brought forth 4,975 questions, which was, to know the type questions asked by the teachers of the state and how the questions compared with those compiled by the Nurse Examining Committee. We never knew that there were so many ways of stating questions requiring similar answers. We live and we learn. The longer we live the more we learn of what is required by the thirsty examiner. The general fund of knowledge contained within these questions, emphasizing nursing in all its phases and in the allied subjects, brought forth the idea that time has produced a span of years wherein many teachers have served to bridge the gap between preparation and test.

To leave the subject of school questions and take up the examiners' practical test, examiners do not suffer from the delusion that there is only one way of doing things well. Due to the teachings of individual schools, no two groups of students proceed with similar technic. Therefore, the nurse examiner directs her attention, not so much to the way things are done, but to the effectiveness and safety of the worker's performance. The performance must be based on scientific principles; if not, it is not practical. We believe in work that is stamped with the indelible impression of effectiveness.

In the practical test, nurses are happy to demonstrate the preparation of a hypodermic injection or catheterization. We cannot say as much for the attitude toward making up solutions. The proper proportion of drug to water in a hypo or in any solution used externally or internally upon the human body is just as important as the rest of the procedure. Computation may not be the forte of every nurse, yet there is bound up within her performance a practical, essential, unavoidable problem in mathematics that must be mastered by her if she is to function effectively. With this thought in mind, questions are set in both written and practical tests that pertain to computation, which is nothing more than fractions, percentage and ratio. A registered nurse is supposedly one who has routed a certain amount of illusion. In reward for her efforts, she has been given a responsible place in public welfare. It then follows that inaccurate, hazardous, trifling with solutions has no place in public welfare. With the call for nurses in the homes, institutions and every multiplying organization remaining undiminished, and the type of work needing the services of the registered nurse, there is greater

need for the average nurse to pass a fairly stiff test in this and other subjects.

At present many examining boards are making a study of new type questions.

Quoting from Walter L. Biering, M.D., Federation Bulletin, July, 1925:

The proper testing of knowledge or estimation of adequate achievement is a difficult problem for every examiner. The ideal method may never be found. The new type questions are being used by some examining boards. Students prefer these to the old type essay test. There are the true and false completion and multiple choice questions. The percentage of failures at state board examinations clearly indicates to what extent the teacher and student or both are out of touch with the examiner. It is possible that our methods are at fault. The personal interview is being recognized as a better means for estimating qualifications of a candidate than to depend entirely upon written record. The brief oral quiz constitutes a better demonstration of applying knowledge than is possible under any other plan. The personality of the examiner and her ability to establish confidence and sympathetic approach with the candidate are important if the best results are to be obtained.

We rightly honor those who discover or create new methods that will be helpful. Whatever the method, there will be no reaping where there has been no sowing.

To make use of constructive criticism, to stress *nursing* in all subjects, to know the type of questions asked by the instructors of the state, to give the graduate who appears for examination a chance to demonstrate a variety of procedures including making a solution, will be helpful. For, after all is said and done in education and examination, *it will be effective nursing practice that will be the bulwark of the registered nurse*—none other will stand.

The Nurse and the Clinical Laboratory[1]

By Augusta Hazelwood, R.N.

SINCE Clinical Pathology is, comparatively speaking, a new branch of medicine and since many nurses have not received instruction in the collection and preparation of specimens to be examined in the clinical laboratory, a few words on this subject may not be amiss. The necessity of knowing something about the collecting of specimens for the laboratory is brought home very forcibly to anyone spending some time there.

All orders for laboratory work should be in writing. This applies equally to the physician giving the request and to the nurse transmitting it to the laboratory. An order for laboratory work taken orally, and given orally to the laboratory, in about 50 per cent of the cases will be wrong. Indefinite terms, such as "blood test," "spinal fluid test," should never be used, since they leave the pathologist in the dark as to what is really desired. It is the nurse's duty to see to it that the physician puts down specifically what he desires in the way of laboratory work. Telephone requests from a nurse for laboratory work should not be tolerated, any more than verbal requests. In emergency, of course, exceptions will have to be made. It is important to state here that written requests should be plainly written, giving the patient's first name or initials, with the surname correctly spelled, room number and the name of the physician in charge of the case; this should be taken to the laboratory at once, and not at a time when it is convenient for the nurse.

[1]Read at the Institute of the Texas League of Nursing Education, November, 1926.

For an analysis of urine, at least two or three ounces should be submitted. If the amount of urine sent to the laboratory is too small, a correct examination cannot be made. All specimens of urine should be collected in thoroughly clean receptacles and sent to the laboratory in clean bottles. It is well to have a standard, wide-mouthed bottle that is used solely as a specimen bottle for urine. The use of medicine bottles for the collection of urine should not be permitted. From a woman patient, a sterile catheterized specimen is always preferable to one that has been voided, but even in voided specimens the genitals should be well sponged, thus doing away with the possibility of contaminating the specimen in cases where there is a discharge.

Specimens of urine from children can be collected with little difficulty. In male infants, a test tube, properly cleansed, is applied to the genital and held in place by adhesive plaster. In female infants, a wide-mouthed bottle or a specially constructed apparatus may be placed over the vulva and held in place by the diaper. Or a dry cotton sponge may be placed inside of the diaper and a sufficient quantity of urine for analysis collected in this manner. After the baby has voided, the urine is squeezed into a wide-mouthed bottle.

Twenty-four hour specimens of urine may be collected and kept on the floors until the end of the period, when two or three ounces of the mixed specimen is sent to the laboratory. Boric acid or xylol should be added as a preservative, two teaspoonfuls of either will suffice, or the specimen kept in a refrigerator, which will likewise answer the purpose.

It cannot be too strongly emphasized that the utmost care should be employed in seeing that all specimens are correctly labeled. This should be done immediately after collection. Do not set specimens aside, awaiting a more convenient time for labeling. Contradictory reports could be frequently explained by the fact that specimens were mixed, owing to this practice.

Although the Phenolsulphonephthalein Test for determination of kidney function has been long and widely used, many nurses know little about it. The test consists in the intramuscular or intravenous injections of one c.c. of Phenolsulphonephthalein, a drug eliminated only by the kidneys, and quantitatively determined by color comparison. The technic, so far as the nurse is concerned, is carried out as follows:

1. Give the patient two glasses of water.

2. Twenty minutes later, have him empty his bladder and discard the urine. Then, with a sterile syringe, inject intramuscularly 1 c.c. of phthalein solution. In case the intravenous method is ordered, the house officer will inject the drug.

3. In exactly one hour and ten minutes from the time of the injection, have the patient empty his bladder and save all the urine.

4. In two hours and ten minutes after the injection, have the patient empty his bladder again and save all the urine in a separate container. The specimens are correctly labeled "First Hour" and "Second Hour." The patient should be under observation during the two hours to make sure that he carries out instructions.

When an examination of a stool is ordered, state exact examination desired. If amoebic dysentery is suspected, collect the specimen during laboratory hours and keep the specimen warm by placing the container in a vessel of warm water. An ounce or two is sufficient for any examination.

If a specimen of sputum is to be sent to the laboratory, the nurse should see that the specimen is not contaminated with tobacco juice, ashes, cigarette stumps, etc. An effort should be made to obtain one that comes from the lungs.

For analysis of stomach contents, the test meal ordered is given by the nurse

and is collected by the house officer at exactly the right time. If the meal is withdrawn too soon or too late, chemical changes within the stomach are arrested or prolonged, as the case may be, and the test therefore is misleading.

The preceding remarks may be recapitulated by stating that the greatest annoyance to the laboratory worker is the incorrectly given verbal request. Therefore, all requisitions for laboratory work should be in writing, stating specifically what is wanted, then and then only is the test valuable and the clinical laboratory a valuable adjunct to the physician.

Nurses should familiarize themselves with the proper technic of collecting the different specimens to be sent to the laboratory for examination.

On Tooth Brushes

By Jean Broadhurst, Ph.D.

"AUNT ELLA'S back from Europe, and staying right in this house," said a little girl to her nurse as they stopped in the bathroom to wash her hands, soiled by an afternoon's play in the park.

"What makes you say that?" asked the nurse in surprise.

"Because there's her tooth brush," said the child, "the very same tooth brush she had last summer," and she was right. It was Aunt Ella's peripatetic tooth brush—her faithful companion twice across the Atlantic, from London to Rome, down the Rhine as well as up the Nile! Like Paul, it could boast many adventures and misadventures—"in journeyings often," and its worn and battered state suggested another quotation from Paul: "If I must needs glory, I will glory of the things which concern my infirmities."

The next time you are in a drug store, stand where you can overhear the remarks of the customers at the tooth-brush counter: "Something better than the last one you sold me,—I hadn't used it two months before the bristles began to come out." Or, "Buy a good one, John. Better pay twenty-five cents more and get one that will *last*." Or, "I don't like too soft a brush. Get me a good stiff one. It'll be soft enough before it's worn out."

Kate Douglas Wiggins' heroine, Penelope, might well have added tooth brushes to her list of things which do not improve with age: women, chickens, and eggs. "Four out of five" may have pyorrhea as the dentifrice manufacturers advertise; but it is much more certain that each of the four people has but one tooth brush—and that, a superannuated one. "Time to retire," is a slogan that tooth-brush manufacturers might well borrow from the automobile tire industry—for most of the tooth brushes now in use in every household should be retired from active service, or put upon a part-time schedule.

People who talk about "my tooth brush" suggest painfully the girl who hoped no one would buy her a book for Christmas because she already had one. Own, not one tooth brush, but several. Use them alternately, so that the bristles have time to dry out thoroughly. One of the most widely advertised tooth brushes now recommends: "Buy two tooth brushes and use them alternately." The initial outlay makes it seem more expensive, but it costs no more per year to own several tooth brushes than to own one. In fact, relatively cheap grades of brushes may be used, when such care is given them. One of the strongest arguments in favor of the inexpensive, bamboo-handled brushes now

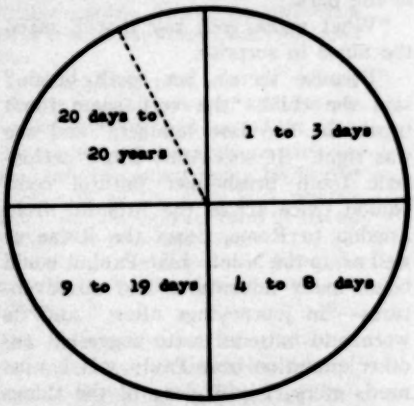
on the market is that while they may be used satisfactorily for weeks, if properly cared for, they cost so little that no one need ever hesitate about discarding one.

If tooth brushes are left with their bristles clogged with food particles, and are kept moist by being shut up in glass or celluloid containers, they are far from clean. Unless brushes are rinsed thoroughly and dried promptly, the bristles—and even the binding substances—will soften or decay, and the brush become "sour-smelling" and worse than useless. New brooms do sweep clean. Keep tooth brushes *new* by proper care. This means rinsing thoroughly after use and drying promptly (sunshine, warm radiator, etc.) If complete drying is impossible; *e.g.*, in travelling, prevent the growth of molds and bacteria in the moist bristle spaces by dipping the tooth brush into 95 per cent alcohol, sprinkling it heavily with salt rubbing the salt well into the bristles, or even rubbing it thoroughly with clean soap before it is put away. If disinfectants are used, rinse the brush thoroughly before cleaning the teeth, because strong solutions of salt, soap and chemicals, including many of the widely advertised pastes and dentifrices, irritate the gums and lower their resistance to infection.

In selecting tooth brushes, select those with bristles that are firm but not so stiff that they will injure the gums, causing bleeding, etc. The bristles should be firmly "set" in the brush, as loose bristles occasionally puncture the cheek, gums, etc., and cause serious trouble. The bristles should be set in small groups or bunches, to help give firmness, but the bunches should be separated sufficiently to allow the whole brush to dry out quickly. A tooth brush should be small, so that it can be turned easily, to clean the backs of the teeth, especially in the lower jaw, and all the surfaces of the double teeth, especially the rear ones on each jaw. If an uneven surface is desired, and is not obtainable in the brush you would otherwise choose, it is easy to cut grooves or shape it as desired with ordinary scissors.

Follow these rules, if, like Job, you would "escape with the skin of your teeth," and above all, remember that immortality is a thing rarely attained by mortal man on this changing earth, and should never be attempted with tooth brushes.

How Long Do Your Cases Last?



The Committee on the Grading of Nursing Schools recently asked this question of 1,400 private duty nurses in New York State. The answers showed that one-fourth of the cases lasted three days or less; one-fourth from four to eight days; one-fourth from nine to nineteen days; and the remaining fourth from twenty days to twenty years. The dotted line in the last quarter shows the cases which lasted longer than two months. The Committee is now trying to find out whether this picture holds true for other parts of the country.

Syria—as Seen by an Anesthetist

By Hazel Distin, R.N.

I WONDER how many of us ever think of Syria except, perhaps, as we read of its wars in our papers. I confess I never did, until an earlier article in one of these magazines, asking for nurses, caused my roving feet to turn eastward. And yet Syria is very good food for thought, to those of our profession.

Having been connected with the American University, Beirut, I will tell a little about its hospital.

The American Hospital, which is run chiefly for the benefit of the medical students, has also a training school for nurses. It has been organized for nearly twenty years and the number of pupils is steadily increasing, as is the percentage of Americans among them. There are a few Jews, Palestinians, Greeks and Syrians. They now number three Moslems and a few Hebrews among their graduates, but the rest are Christians. The supervisors are graduates from the States, England and Scotland, who usually go out on three-year contracts. The doctors are chiefly American and Canadian, with native graduates for assistants. The three hospital pavilions are well built, of hewn stone with plaster walls and marble floors. The newer buildings, a kitchen, laundry, laboratory, staff-nurses' residence, and a pupil nurses' residence, are of cement. They have a Delco which provides them with lights, power for X-ray, etc. Otherwise, they have few of what we call modern hospital conveniences. However, servants are cheap and plentiful, and life is not as difficult as one might suppose.

Chloroform, until very recently, was the chief anesthetic, but now, ether is largely used. Gas is impracticable and very expensive. In Beirut, and a few other cities, may be found, graduate doctors from the French and American colleges, and for the last few years, the American College has also had a training school for nurses in connection with its college hospital, but the people in general are not educated to the use of these conveniences. In many of the villages of the Great Lebanon there are no doctors, except a sort of medicine man or perhaps a traveling quack. Most of the obstetrical work is done by totally untrained midwives, and as many of the first babies are born while their mothers are still children, themselves, the results are frequently pathetic, one rather common one being vesico-vaginal fistulas. These fistulas may, if the husband desires, be used as ground for divorce.

Sanitary conditions are most primitive. The street gutters are used for toilets; food-stuffs are open to flies and dust and the brushing of passing camels and donkeys, and are freely handled by the prospective purchasers. The houses of the poor are poorly lighted and ventilated, frequently only by the door—and contain large families. Among the Bedouins, it is quite customary also to include the goats, chickens and dogs. Flies are numerous and tenacious, and rest unmolested on the eyes and lips of the patient, unprotesting babies.

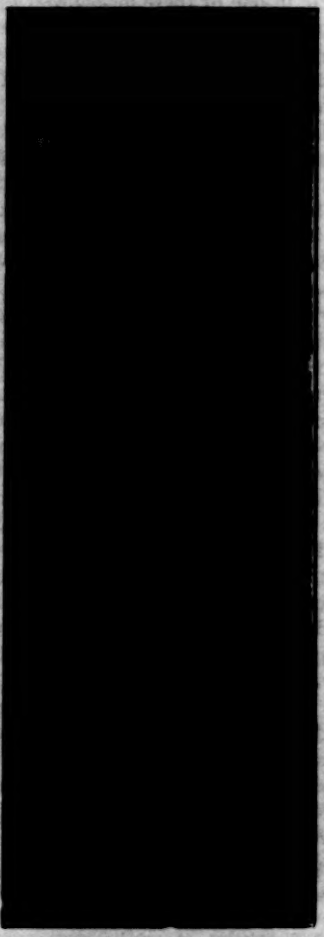
Gardens are often watered from the sewage, with the result that lettuce, strawberries, etc., are unsafe foods. Worms of all kinds abound, the tape and round worms being the most common. Probably not less than 90 per cent of the people have them. I remember one case, of a young woman who, at the close of the operation, when the anesthetic had been stopped and she had shown signs of recovery, suddenly "went bad." She became cyanotic,

her throat filled with mucus and strenuous efforts were needed to resuscitate her. Some three hours later, a huge round worm, about a foot in length, crawled out of her mouth.

Trachoma and its sequelae are seen everywhere. In many of the mountain villages practically every inhabitant is afflicted and blindness from this disease is prevalent. Venereal diseases are rare, although it is said that they are followers of the Great War. Skin diseases of nearly all kinds may be found, especially among the poorer classes who are nearly all under-nourished. Leprosy walks the streets and enters the clinics and street cars unmolested, and yet it is not widely spread. Chronic malaria and its consequent liver conditions is very common, and sand-fly fever makes the summers miserable for many.

Living conditions among the Armenian refugees are deplorable. Thousands of these poor, half-starved people have built a camp on a tract of land at the edge of Beirut. One-room shacks of wood, tin or cloth are crowded thickly in. Some are even built on stilts in order not to crowd their neighbors. In most cases there are no floors except a raised platform at one end to keep the beds out of the mud. The mattresses are laid on the floor at night and rolled up and put to one side in the daytime. During the winter rains, the whole camp reeks with mud, and in the summer, the stench of the row of toilet-shacks, without sewer, is still worse. In these conditions, whole families live, babies are born, and life goes on somehow. In fact, they are remarkably clean and industrious, considering the facilities they have, and one cannot but give them their meed of admiration and praise.

The Near-East Relief has started a clinic and the American College Hospital runs a free ambulance service from its free clinic to the camp. Isn't it strange, when one pauses to think, how much our human mechanism can put up with, and still keep going, more or less perfectly.



Muir Woods National Monument—"A place in the shade," where trees stand that are older than history. These "pillars of the sky" reach the dizziest heights attained by living shafts of wood and are accessible to San Francisco at all times.

Spirit versus Training

An Appeal for Real Public Health Service for Mountain Settlements or Schools

By Everdean Harmeling, R.N.

HUNDREDS of years ago, amid the hills of old Judea, was born the Christ Child, and with the advent of his birth came the dawning of Christianity. Gradually the teachings of Christ pervaded the early world and "Suffer the little children to come unto me and *forbid* them not, for of such is the Kingdom of Heaven," became a living factor among His followers, for such was Our Master's wish.

Slowly, and with great martyrdom among the converts, Christianity spread throughout the world, and with it came the teaching of consideration for child life. It permeated all regions, so that we have in America, today, the Golden Age of the child. We lead little children early into right paths of living, striving to mold their lives into grooves which will tend toward making them in adult life healthier, stronger and more useful men and women. The teaching of Christ has had its effect and children are receiving better care and training than they have had in any other period of the world's history.

In a spirit of missionary service, there came to the remote mountains of Eastern Kentucky a nurse who wished to give her trained services, that the children of the hills might have nursing care equal to that of other children. The nurse came to a settlement school with which was connected a hospital. A Board of a distant church had given generously to equip and maintain the hospital, in the hope that it would serve an isolated people in an area far removed from railroads or roads of any sort. The nurse had the true missionary spirit and was willing to endure the discomforts of an isolated country, in service for the little ones. She was appalled at the urgent need for nursing care that she found upon her arrival. It was midsummer, and her first cases were the pitiable little children suffering from "summer complaint,"—little children brought into the hospital listless and relaxed with the pallor of a child who has a serious illness. All these cases came in for treatment and she gave it as best she could under the strain of being both night and day nurse.

The doctor worked with her in saving these babies' lives, but mothers returned home with their babies *without sufficient teaching* in simple child care and feeding, to prevent the return of digestive upsets, and in a few short days young mothers returned with the babies beyond all help and dying. Why?—because she had "guv hit jeest a lettle bity green beans an' fried taters fur hit loved 'em so good." Poor child! Poor mother!

One hot night, both doctor and nurse rode miles up the creek to "Wild Dog Branch," to see a baby who also was desperately ill. The girl mother (for mothers are very young in the mountains) rocked it frantically back and forth in an old splitbottom chair, as the puny baby was gasping for breath. Both mother and infant were ill, and when the nurse questioned the mother as to the feeding of her child, she answered, "Wall hit haint had nary a thing but a piece o' them thar peaches." Green, hard peaches in a pan on the table vividly told the tale and the death of the baby was only a matter of a few

hours. "A little piece o' green peach had done it" and the mother didn't know until too late.

Much money and a great deal of service is required to run a mountain settlement and missionary hospital successfully, but it fails in accomplishing the greatest good for the community if, in addition to caring for ill children, it does not teach mothers, young and old, something of the prevention of disease and the care and feeding of their children,—to prevent tragic illnesses before they make inroads and bring devastation into the homes where these precious little ones succumb.

That short story concerning the busy ambulance workers has a deep moral to it. The story runs something like this:

A certain precipice was high and steep and many an innocent child lingered too near the edge and fell below, where an experienced corps of workers were hired and ready to grasp each injured child who fell. They were too busy caring for the injured to think of having a fence built around the edge of that precipice to save children from tumbling over it.

The mountain missionary nurse began to realize that she was pathetically striving, like the ambulance worker, to mend those who had already fallen over the cliff. She found that typhoid fever came literally pouring into her hospital ward during August and September—the number was distressing. Relief nurses were sent to help, for the nursing task got beyond her physical capacity. More funds, more nurses were sent for day and night duty in a hospital rapidly filling with typhoid fever cases. The fever raged. In some instances it proved fatal; in others, the fever slowly subsided and left a weakened emaciated body.

The nurse, however, had noticed the unscreened doors and windows in the homes, the hosts of flies swarming about the cabin kitchens, the open, shallow wells or springs, polluted by sewage from homes above, into which buckets were dipped and water was drawn. Such was the mountain supply of drinking water, reeking with contamination, and she pondered a bit as to its dangers, but she was sent to nurse the sick and not to be a "hated" instigator of reform, so she shouldered the gigantic responsibility of trying, through nursing, to meet the immediate need. She began to realize it was health teaching the people needed, but she also realized that nursing is the type of service which carries its appeal to those who wish to give money. What could she do but care for the sick as they wished her to do?

Then came smallpox from Turkey Foot Lumber Camp. The first victim had a "right smart breakin' out," but he lingered for a half day's chat at a near-by "storehouse" and then went home to spread contagion there. The outcome was serious. The entire community contracted smallpox in a virulent form, and several deaths resulted. The nurse spent hours in the cabin homes doing faithful duty as bedside nurse, taxed almost beyond human endurance by the severe epidemic. She suggested vaccination, but "they hadn't heerd o' hit afore." Although the State for many years has had a splendid vaccination law, only a few came to the hospital to be vaccinated. Schools were closed for months, because the epidemic would apparently subside, only to break out with sudden fury in another section.

Then an epidemic of diphtheria came and many little graves were dug on the rocky hillside that fall and winter. The doctor had a shiny gold intubation set and was compelled to use it freely. Antitoxin was given, but lives were lost in spite of it. Who could tell them about toxin antitoxin? But the nurse worked on.

To the hospital children's ward came children who were pale; anemic-looking

tots, with dark, heavy circles under their eyes,—the hookworm type. She gave prescribed treatment, but the children returned time and again and became "repeaters" at the hospital. Why? Back home, about the cabin, the insanitary conditions were unbelievable. There was every chance for reinfection, because of soil pollution, due to lack of toilet facilities. Pigs and chickens seemed as much at home in the cabin as the children did. Doors were always open, inviting flies and all manner of uncleanliness. Barefooted youngsters tracked about over contaminated ground, unknowingly, and the result was hookworm.

There was no understanding of a well balanced, nutritious diet. Corn meal often became wormy in the hot season, but it could not be wasted, for the families were poor; thus, it was made into cornpone and fried in the old iron skillet. Sour milk (when any milk was served), green beans cooked with grease, "taters" fried, black coffee for babies and grown-ups, fried pork, fried apples—these constituted the ordinary home diet and our nurse in the hospital had great difficulty introducing her hospital food to her patients, because early in infancy their food habits and tastes had been formed.

The nurse was frankly perplexed as to her own situation in striving to nurse all of the sick. She felt overwhelmed by the repeated illnesses and found it physically impossible to give nursing care to so large a section of the county. Finally, she solved her problem. She took a public health course, and presto! her eyes were opened. She saw that service in teaching *prevention* is the work of the intelligent health nurse. Back to the mountains she went, with a firm, determined step, and a feeling that "an ounce of prevention was worth simply pounds of cure," and that therein lies the true teaching missionary spirit.

First of all, she rode her faithful old horse "Bess" down all the outlying creek-bed roads, and invited every mother to come to the mothers' classes. They came, for mountain mothers like to "take the chillun and stay all day." The nurse, with her new public health vision, taught in the simplest way, cleanliness, cooking of a good nutritious meal, the growing of green vegetables, fruit canning, the care of milk, and its value to growing children and adults.

Her prenatal and health-class talks were "narrated" all through that vast section of the mountains and although no drastic changes were immediately apparent, yet unseen forces were working. She had little mothers' classes, where girls took great pleasure in washing and dressing the babies brought in, and in planning their diet and clothing, learning all about their good care.

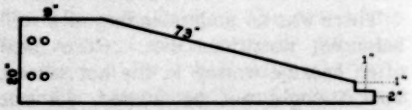
Inspections of school children were made, health talks were given in as many public gatherings as our nurse could attend. She urged good housekeeping, general cleanliness, sanitary surroundings, the digging of deep, covered wells, and the folly of using water from polluted springs. She told her people how easy it was to have drinking water sent for examination, the danger of pollution from barn yards, and the danger of flies. She advocated screening and succeeded in having the general store carry material in stock. She taught everywhere the value of typhoid inoculation, scarlet fever immunization, smallpox vaccination and diphtheria toxin-antitoxin, and she made the getting of all these preventive measures easy of access to each one, through coöperation with existing health agencies.

Her work was far-reaching in its effect. That mountain settlement hospital, which had been inadequate to care for all the preventable diseases, found itself with less than half its usual number

of patients. It became a maternity hospital, which held weekly well-attended prenatal clinics, and gave splendid obstetrical service to mountain mothers. It gave opportunity to teach midwife classes for the remaining women who practiced that profession in areas the doctor could not reach. It supplanted old wives' tales and "thinking" with modern knowledge. It taught mothers to guide their children in making choices between right and wrong, to build strong bodies for service, that they might grow to be an asset to any community. Thus lessons were taught in character building and self-control. And the missionary mountain nurse who went to those hills, longing to give Christian service, but who found her service lacking because of lack of proper training, developed into a public health mountain nurse who not only gave real service, but taught all those about her to develop into service givers for their community, for their state, and for their country.

A Restraining Board

THE simple and inexpensive restraining board, illustrated, which is in use at the Cooley-Dickinson Hospital, Northampton, Massachusetts, may be readily copied, for it consists simply of a smooth board, 20 inches wide by 84 inches long, shaped as indicated, and with four holes through



which it can be laced to the bed. No holes are required at the foot as the small projection fits snugly under the bar of the usual hospital bed.

Does Prenatal Care Pay?

DURING 1925, there were 1,998 babies born to mothers who attended the prenatal clinics of the Detroit Department of Health for varying periods of time. Following these babies for a year from birth, we find that 139 have died, giving an infant mortality rate of 69.5 as compared with a rate of 80.1 for the city as a whole, in 1925, and a rate of 85.7 in 1926. Of course, this rate for the prenatal clinics is not strictly comparable with that of the city as a whole for there may have been one or two of these babies who moved out of the city and died elsewhere, of which fact we would have no knowledge, but with this possible error the rates are comparable.

If such striking results can be accomplished with the somewhat unfavorable group attending Department of Health prenatal clinics, think of the far reaching benefits which would accrue to the city as a whole if all prospective mothers would go to their own physicians for regular prenatal care early in pregnancy. Even if results were the same as for the indigent attending our clinics, and we have every reason to believe they would be better, there would be a net saving of 484 baby lives on the basis of the 1925 births and infant mortality rate, and 673 on the basis of the 1926 figures. These figures assume that the mothers commenced prenatal care early in pregnancy and that the maternal mortality was 2.1 per 1,000 births and the infant mortality rate 65.0. The saving in lives of mothers would have been 154 in 1925 and 168 in 1926. In the two years there would have been a saving of 1,479, (nearly 1,500) total lives, including babies and mothers.

What Is an Emergency?

By D. R. H.

IT is "a sudden or unexpected happening; an unforeseen occurrence or condition; specifically a perplexing contingency or complication." It is "a sudden or unexpected occasion for action; exigency; pressing necessity." Again, the dictionary says, it is "something not calculated upon." To the real nurse, that word "emergency" is a test of all her powers. It calls on her reserve force. It is a sure test of what stuff she is made of. It calls for self-control, a steady head and a steady hand. It calls for resourcefulness and ingenuity. It demands good judgment and common sense. It requires speed, energy and skill.

The student nurse hears that word emergency frequently used. And often it is very real. But sometimes it is only a so-called or false emergency. Or, to put it crudely, the phrase is used (not consciously of course) as a cloak for a routine procedure, or for a condition which has not been met by some other means, and is therefore spoken of as "an emergency."

Our impressions are not based on any one hospital, but on the experiences of various groups of nurse-students. All have had the same experience at one time or another. And that is why we are asking the question here—just what *is* an emergency?

In an emergency the true nurse does all that is required of her and more, and after the emergency has been met, she sinks down wearily, figuratively speaking, glad that the immediate need and rush are over. She is very tired and her nerves are a bit shaken perhaps; but she will not show it as she may be on duty for two hours more.

But how she glows with the thrill of the unexpected call on her courage and skill! What a satisfaction to feel that she had found what the doctor required as quickly as she had! that she had not fumbled, and the vital hypodermic was ready when he called for it! To hear his quiet "Good" when she handed it to him! all that practice had been worth while.

And to watch prayerfully and breathlessly while those eyelids flickered, and the breathing grew more regular and the pulse stronger! It was almost as if it had been her own child! It took all that was in her to meet that.—"But that's what makes nursing worth while. That was an emergency!"

How often, among student nurses, we hear that phrase, and often just such an occasion or emergency lends a touch of the war-time atmosphere to her new chosen profession. It gives an added glow; calls for a very special bit of sacrifice; lends color to the large amount of routine work which it is most necessary for her to undergo. She passes through various experiences and ordeals, which are to her mind very real emergencies. The accident ward is full of them. In the operating room, that hot day in August, when the tired suture-nurse fainted; and the supervisor, who was standing close by, quietly yet firmly said, "Step over and do her part," that was indeed an emergency! All her memory, and powers of observation and practice, were called into play, but how proud she was that she could do it! And again in the operating room, when the unstable orderly "walked out," in the middle of a busy morning of operations, she must needs step in, and with awkward hands wield the mop and keep the floor spotless until a new orderly could be found. That was a new experience; and how they all laughed over it, but it was an emergency!

But are students' classes an emergency?

Are regular half-hour luncheon reliefs emergencies? Are nurses' summer vacations emergencies? The student was sometimes puzzled when she was told of these "emergencies." "There is a shortage of nurses, you know. You must all work faster. Summer vacations are here—an emergency." The student thought "Vacations — an emergency? something not calculated upon? but summer vacations come every year, a routine, a part of the yearly program. Where is the emergency, I wonder?"

How frequently a student nurse was called to leave her own patients, to take a luncheon relief, elsewhere. The voice on the 'phone would say: "I know your ward is very heavy just now; but these emergencies must be met. The private patients' building must have luncheon reliefs."

The student puzzled over this a good deal, as the others did, and gradually the word emergency, as used in their training, grew to mean little. Laughingly the students reminded each other, "Theirs not to reason why; theirs but to do and die!"

But a break in routine, such as classes or vacations, always creates a shortage of nurses, with additional discomfort to the patients, and when measures are not taken to meet a routine shortage, how *can* we tell our students, "It is an emergency?" We grant it *is* a big problem, but whatever be the cause, whether shortage of nurses, or lack of funds, authority to provide adequate substitutes to care for our patients, whether it be mismanagement, or whether it be the old problem of hospital necessity versus training school requirements, let us face it squarely.

One of the primary lessons in a nurse's education is, "to learn to obey without question." So when a student is told she must meet an "emergency," let it be a real one, for she, in her enthusiasm, will automatically rise to the occasion.

Each year we demand a higher degree of intelligence and dependability in our students. They, in turn, are striving against many odds, to meet the demands of their own ideals. Our students, after repeated so-called emergencies, should not have to wonder, *"Why* must I sit for half an hour with *one* private patient, while my *ten* ward patients are needing me so desperately?"

After three years of many such "emergency experiences," our student was almost tempted to be a little bitter, but there was so much joy in the nursing, why let "false emergencies" make her bitter? So let us not (figuratively speaking) blindfold her eyes, and say it is an emergency, if it is a routine condition. A certain amount of disillusionment is unavoidable, but to such routine procedures as students' classes, summer vacations, substitute nurses for meal hours, etc., need we apply that potent phrase—"Hurry, it is an emergency!"

How the Grading Committee Works

TWO weeks ago, 60,250 return postals were sent out to the nurses in ten states. Now each trip of the mail brings hundreds back, and the mail man makes six trips a day! These cards are being used as mailing lists for sending out questionnaires to nurses.

During the week of March 7, letters were sent to 38,300 doctors, asking each one to fill in a questionnaire of his own and to distribute two others to two of his patients. This part of the work, alone, calls for 38,300 letters, 114,900 questionnaire blanks, and 153,200 go and return envelopes. The job is only just starting.

How many will answer? Perhaps only one out of every ten. Even that number would keep the Grading Office busy, but many, many more than that will surely want to participate in so forward-looking a movement.

An Experiment

The Metabolic Dietitian Enters a New Field

By Minna G. Roese, B.S.

PRIVATE duty nurses are seeking knowledge in dietetics as physicians call them to care for cases where diet is an important part of the treatment. Many find they have had insufficient training in food values and dietetics and are eager to obtain it but do not know where to find it. In cases where nursing is essential and diet plays an important role, the private duty nurse with a training in dietetics is going to be in great demand. At present the metobolic dietitian, upon the request of the physician, acts as food consultant, making suggestions and going over the diet with the nurse.

The metabolic dietitian is taking her first steps in this new field with an eagerness to help the physician and nurse bring the patient back to health and keep him well. She, too, is interested in preventive medicine and positive health and is seeking to help the community acquire it. It is self-evident that the physician, the nurse and the dietitian are all working for the same goal—"the health of the patient." Each has specialized in his or her own field and neither without the other can obtain the best results. The dietitian cannot do the nurse's work, she has not been trained for it, nor is she able, for the same reason, to do the work of the physician, but she is ready to utilize her own knowledge and training in carrying out the physician's food prescription and in helping the nurse with her food problems.

The first step taken in this new field for the metabolic dietitian was to get in touch with some of the leading physicians and nurses, introduce the plan, and obtain their advice and suggestions. Some felt the need for specialized dietetic treatment. One physician said, "I cannot get along without a metabolic dietitian." Another showed his interest and need by giving the dietitian, on her initial visit, an opportunity to help him carry out the dietetic treatment for one of his patients. Steadily the patients increased in number and more doctors and nurses became interested. The majority of the patients are seen by the dietitian in their homes, some in the private sanitariums, and a few out-of-town patients are instructed in the physician's office. It has been gratifying to assist the doctor and the nurse in a large variety of diagnoses, such as nephritis, nephrosis, the anemias, diabetes, arthritis, gastric and duodenal ulcers, colitis, cardiac and a few others. The dietitian has been asked several times for a diet for obesity, which she has had to refuse, because she had no prescription from a physician. Unless the patient is under a physician's care, the dietitian has no diagnosis nor a prescription from which to work out a diet. Without a complete diagnosis from a physician, the dietitian has nothing on which to work and may do more harm than good. The patient may have complications unknown to the dietitian and therefore, in a case of obesity, a reducing diet might do much harm.

When a physician wishes the dietitian to assist him in the treatment of a metabolic patient, he goes over the history and laboratory findings with her, then gives his complete diagnosis and a food prescription which is made out on the following form which has, on the reverse side, "Diets with instructions."

Telephone (Name) (Address)

METABOLIC DIETITIAN

DIET PRESCRIPTION

----------192

Patient ---------- Address ----------

Diagnosis ---------- Referred by Dr. ----------

Protein	Cho	Fat	Total Calories	Total Fluids	Salt
Grams	Grams	Grams			

Remarks:—

"Fit the Diet to the Patient"

(See Other Side)

The Instructions include: Principles of Dietotherapy, How to measure and weigh food, Food values, Calculation of diabetic diets, Special preparation of food and how to work it in with the family menu.

The dietitian makes an appointment with the patient and a diet is worked out from a "food value sheet" to fit the individual. Besides the principles of the dietotherapy for the special diagnosis, the dietitian keeps in mind the age, race, personality, grade of intelligence, social position, and occupation of the patient, and last, but not least, tries to give a well balanced diet, sufficient in vitamins and minerals, in order to make the diet as normal as possible. The proper preparation of food and cooking of foods for special diets are taught the patients or members of the family. Sometimes instructions in weighing and figuring out diets are given. The lessons are simple and practical in character and are made visible in form.

Before calling in the dietitian, the physician consults the patient and gets permission to do so. A few patients have felt it too expensive to pay both a physician and a dietitian. A list of charges has been made out by the dietitian and checked up by the physicians. The dietitian keeps the physician and nurse informed of all dietetic progress with the patient. She receives changes in prescriptions as the disease progresses or improves, and obtains the laboratory results before following up her patients. The patients are followed up as often as the physician requests, provided the patient is willing. All cases in charge of a nurse are gone over with the nurse, so that she will understand what the dietitian is seeking to do, in helping to bring the patient back to health.

Perhaps a brief summary of the schedule for a day will give a better idea of the work.

DIETITIAN'S SCHEDULE FOR A DAY

1. Get in touch with the patients' physicians for further information in the follow-up cases.
2. Obtain the laboratory results.
3. Go to physician's office for the history,

diagnosis and food prescription for a new patient.

4. Make an appointment with the new patient.

5. Teach ulcer patient how to scrape beef and puree vegetables or fruits.

6. Give some liver recipes to a nurse and help her with her menu.

7. Calls.

A. "Follow-up" patients.
Check up their diets and give further instructions.

B. "New" patients.
"Fit the diet to the patient."
Instructions.

In planning the day's work the dietitian allows plenty of time, from one to three hours, for each new patient, as much depends upon her initial visit. No two patients are exactly alike, either in chemical composition or in structure, and each individual case calls for careful study. Every day the dietitian gets in touch with the physicians for further consultation and results of laboratory findings, before following up the patients.

Just as close watch is being kept over the new ulcer cases, as over the diabetics, and by so doing it is hoped to encourage them to remain on their diets for a year or two in order to give the ulcers a fair chance to heal. An effort is being made to prevent the recurrence of symptoms which it is believed are often due to the patient's dropping off his diet, as soon as he begins to feel well; it is also found that a great many of these cases do not know how to cook their foods properly. At present, all instructions are given to the patients in their homes; as the experiment develops, it is hoped to take some of the patients in groups and teach them the proper preparation of foods and the cooking of special foods, and to encourage them in the management of their diets. All or some of this is being done in our best hospitals and dispensaries, and the same opportunity for dietary treatment, education and close follow-up work should be afforded the large number of patients outside the hospitals.

The medical and nursing professions are realizing more and more the importance of dietetics as a therapeutic agent in the cure and prevention of disease. The physician and nurse in private practice are calling upon the dietitian to help them carry out the treatment.

As the nurse realizes the importance of food therapy, she will want to know more about dietetics. Where will the private duty nurse go for it? Books are one source, but she will also look for something more practical. The dietitian is offering her informal classes where the nurse may feel free to discuss her food problems and keep closer pace with the rapid advancement of nutrition. The private duty nurse feels the need of a practical course in dietetics and a place where she may go with her food problems as they arise. These courses for nurses could be given privately or in small groups. This is being tried out.

This method of working with the physician and the nurse has thus far been satisfactory, and through coöperation it will be possible to make greater strides toward our goal, "the health of the patient."

Can You Spare Your Journal?

COPIES of current issues of the *Journal*, if sent each month to the Red Cross office in New York, 598 Madison Avenue, will be distributed by Miss Florence Johnson and her assistant among nurses who are ill or disabled but who are "lonesome without their *Journals*."

Please send recent numbers, only, and prepay postage or express.

The Preparation of Thick Farina Mixture

By Arlene C. Mensch, R.N.

THICK cereal mixtures are commonly used in the following conditions:

1. Vomiting.
   (a) Pylorospasms.
   (b) Pyloric stenosis.
2. Rumination.
3. A condition in which a concentrated feeding of high caloric value is desired, as in feeding children with poor appetites.

Owing to the consistency and adherent properties of the mixture, it sticks closely to the walls of the stomach making regurgitation almost impossible. These mixtures are easily digested, and owing to the small amount of air which enters the stomach while feeding, produce little or no colic.

In preparing these formulae, the liquid content, water or milk or both, is first allowed to reach the boiling point, by placing the desired quantity in the upper part of a double boiler on an asbestos mat over the gas flame. When the liquid has reached the boiling point the quantity of farina ordered is added slowly and the mixture is allowed to cook for five minutes with constant stirring. The boiler is then placed in its lower section while the mixture cooks for one hour. The sugar ordered in the formula should be added after the mixture has cooked, as the long period of cooking may alter the type of sugar.

The next step is to add enough sterile water to the cooked farina to supply the amount of fluid lost by boiling. The mixture is then strained, or beaten with a wire egg beater until smooth, and poured into separate nursing bottles.

If a thicker feeding is desired, the water of evaporation is not added to the formula. In such instances an allowance must be made for this loss of water of evaporation, by increasing the initial quantity of water in which the farina is to be cooked.

For this type of mixture it is necessary to use a hygeia bottle and nipple. A crucial cut in the tip of the nipple will insure the best results. If the mixture cannot be drawn through by suction it may be pushed through the nipple by using a teaspoon or a wooden tongue depressor.

In case a hygeia bottle and nipple are not available, the mixture may be fed without injury to the baby's mouth by dropping it from two tongue depressors.

In giving water to babies who are being fed a thick cereal formula, care must be taken that it is not given too near the feeding hour. Water should be given halfway between feedings, otherwise the mixture will be diluted in the child's stomach, and the purpose of the formula defeated.

One of the most common of the thick mixtures and one that is used early in treating these conditions, consists of:

Skim milk, 5 oz.
Water, 15 oz.
Farina, 2 oz. or 4 tablespoons.

Variations of this are given according to the child's age and caloric requirements.

Farina is usually added up to ten per cent of the entire amount, although not infrequently other percentages are used.

Thick formulae may also be made from other flours, such as barley or wheat. Here it is necessary that a paste first be made of the flour with a small amount of the cold milk or water. This is then added to the remainder of the milk and the mixture cooked in the same manner as previously described.

These mixtures are pasty and are usually not taken as well by the babies as the farina formulae,—perhaps because they are less palatable.

When a Child Refuses Plain Milk

By Henrietta Jessup

MILK, we all know, is the natural and most perfect food in the diet of the child, also there is no other food that will furnish just the right kind of nourishment with so little trouble. The proteins in milk are of the quality that are conducive to growth and the mineral salts, as calcium and phosphorous, are valuable in strengthening bones. Important vitamins are present in milk.

As a rule, children like plain milk or at least accept it as part of the daily program, but occasionally we find a child who seems to have a particular dislike for it. Then comes an appeal from the mother, What can be done?

We must disguise it, combine it with other foods, or incorporate it into the diet in some way.

There are beverages, as cocoa, and chocolate, that can very advantageously supplement the morning or evening meal, and then egg nogs, milk with the egg yolk or white, with some flavoring as vanilla, nutmeg or cinnamon, or a milk shake with these flavorings, or malted milk—give an agreeable taste to a glass of milk. A child will frequently show an interest in a milk drink with a frothy top of beaten egg white, if it is so prepared as to resemble a glass of soda water.

An admirable way of incorporating it into the diet is in the form of a milk soup. This can be made of any puréed vegetables. Take any cooked and well drained vegetable. (One that has been left over from a previous meal may be used to advantage.) Force it through a vegetable ricer or sieve. Allow 1-3 cupful of the puréed vegetable to a cup of milk. Melt 1-2 tablespoonful butter in a double boiler and stir in 1-2 tablespoonful flour and a cupful milk. Cook several minutes, until it begins to thicken, and then add the vegetable purée, and 1-6 teaspoonful salt. The amount of butter may be increased if the child needs more calories.

Less flour can be used with a starchy vegetable, as in the case of peas, beans or potatoes. A little flour is necessary to bind the vegetable and milk mixtures together, else the soup is apt to separate.

A delicious celery or asparagus soup can be made by using an egg yolk, instead of the flour and butter mixture, and this method is sometimes better for children with weak digestions. The vegetable should be cooked in as little water as possible, and this water is best used in the soup.

Celery Soup with Egg Yolk

Wash, scrape and cut celery stalks into tiny slices using 2 stalks. Cover with 1/3 cupful boiling water and simmer until tender, adding more water if it boils away. Combine celery and celery water with 2/3 cupful milk. When thoroughly heated in a double boiler, add an egg yolk, blended with 2 tablespoonfuls cold water or milk. Stir until it begins to thicken and remove from the fire. If it cooks too long it is apt to curdle. Strain, or serve with the celery in it.

Asparagus soup is especially nice made according to the second method, omiting the hot water and adding asparagus tips, cut in inch pieces, to the hot milk. Then proceed as in previous recipe.

Peanut butter can be popular in soup, as well as in sandwiches. The following recipe for peanut butter soup is delicious and very nourishing:

Peanut Butter Soup

Heat 2 cupfuls of milk in a double boiler. Mix ¼ cupful of the hot milk with 3 tablespoonfuls of peanut butter. Make the remainder of the milk into a white sauce, using ½ tablespoonful butter, 1½ tablespoonfuls

flour, and a speck of salt. When the sauce is slightly thickened, add the peanut butter mixture and cook until smooth and creamy. A small slice of onion cooked with the milk and then removed gives a nice flavor.

Another favorite way to give milk is in the form of junket, and we are apt to forget that there are other flavors than vanilla. For this reason many a child tires of one of the most easily digested and easily prepared of all milk preparations. One can have variety by adding some thinly sliced fresh fruit, or finely cut dried fruit, as raisins or dates.

Junket with Sliced Fruit

1 cupful top milk
1 teaspoonful sugar
¼ teaspoonful vanilla
¼ junket tablet
½ teaspoonful cold water
Nutmeg or cinnamon
Any sliced fruit, as apricots, peaches, pineapple

Add the sugar to the milk. Heat until lukewarm and add vanilla. Then stir in the junket tablet dissolved in the cold water. Pour immediately into a mold lined with the fruit, very thinly sliced. If canned fruit is used, it should be well drained. Sprinkle the top with nutmeg or cinnamon. Do not move until the junket is set and then put in a cool place.

This recipe, doubled or tripled, will make a delicious dessert for the entire family, and the addition of some fruit will often win over the member of the household for whom plain junket has no appeal.

Do you give the children custards frequently? There is really such a variety and this dessert is a universal favorite, whether it be baked or of the soft boiled variety. Floating island, using the yolks for the custard and the beaten whites for the meringue, with dabs of some dark jelly on top, makes an interesting dish for the child whose appetite needs coaxing.

A moderate heat should be used for all custards and the water surrounding a baked or boiled custard should be kept below the boiling point. Soft boiled custard poured over sliced fruit makes a delicious dish.

Baked Honey Custard

(Honey is a sweet that is good for children)

2 cupfuls top milk
2 eggs
Speck salt
3 tablespoonfuls strained honey

Stir the milk, honey and salt into the beaten eggs.

Then pour the mixture into individual custard cups. The tops may be sprinkled with nutmeg or cinnamon if desired.

Bake in a pan of water in a moderate oven. Test by plunging a silver knife into the center of the custard. When it comes out clean the custard is done. Remove immediately from the pan of water.

A bread-crumb pudding can be made as delicious as a delicate custard but do not be too generous with your crumbs. A good rule is to allow twice as much liquid as crumbs.

Cornstarch pudding is one of our most easily made desserts and one that perhaps is most universally used. Therefore, every housekeeper should know how to prepare it, realize the importance of cooking cornstarch thoroughly, and the dangers that may result from giving a child raw starch. Never serve cornstarch until the raw starchy taste has disappeared.

Pineapple Cornstarch Blanc Mange

3½ tablespoonfuls cornstarch
3 tablespoonfuls sugar
1/6 teaspoonful salt
¼ cupful cold milk
2 cupfuls scalded milk
1 teaspoonful vanilla
½ cupful crushed or shredded pineapple
2 egg whites

Mix cornstarch, sugar and salt with the cold milk and add this to the scalded milk, stirring constantly until mixture thickens. Then steam in a double boiler 15 or 20 minutes, until the cornstarch is thoroughly cooked and the raw starchy taste has disappeared.

Remove from the fire and stir in the vanilla and pineapple.

Then fold in the stiffly beaten egg whites and pour into a mold to stiffen.

FARINA PUDDING

2/3 cupful farina
2/3 cupful boiling water
¼ teaspoonful salt
2 cupfuls hot milk
1 cupful stoned dates (cut in pieces)
2 tablespoonfuls brown sugar
1 teaspoon vanilla
1 egg

Stir the cereal very slowly into the boiling salted water. Cook over a gentle heat until all the water is absorbed. Then stir in the hot milk and dates and steam in a double boiler about 20 minutes. Add the sugar to the beaten egg and stir this into the farina lightly with a fork. Cook a minute and remove from fire.

Serve hot or pour into mold to stiffen.

Serve with top milk or cream.

IRISH MOSS BLANC MANGE

½ cupful Irish Moss
Cold water
1/6 teaspoonful salt
4 cupfuls scalded milk
1 tablespoonful sugar
1½ teaspoonfuls vanilla

Cover the moss with cold water and soak about half an hour. Drain and look over the moss.

Scald the milk in a double boiler. Add the moss and cook about 20 minutes or until mixture thickens. Then add the sugar and vanilla. Strain into a mold to stiffen.

Serve cold with top milk or with fruit sauce.

Irish Moss Blanc Mange is very nice with peaches or berries.

Plain Irish Moss is very easily digested and is very good for children with weak digestions.

Lemon juice may be substituted for vanilla and then more sugar should be added.

The Lattin Bill

An Excellent Piece of Legislation Sponsored by the New York State Medical Association

BY NATHAN B. VAN ETTEN, M.D.

A BILL has been introduced in the Legislature of the State of New York by Senator Webb and by Assemblyman Dr. Lattin, the purpose of which is "to amend the business law in relation to the licensing of employment agencies."

The text of the amendment follows and clearly exhibits itself as in the interest of the public health. Its regulatory, definitive and restrictive features may neither please all nurses, nor all of those who are engaged in the business of supplying individuals to care for sick or invalid people, but it seems to be an important step toward clarifying the character of the nursing service.

The term "nurses' registry" means and includes the business of conducting any agency, bureau, office or other place for the purpose of procuring, offering, promising, or attempting to provide employment or engagements for nurses of any kind, or any place used as a lodging house for nurses, the keeper of which receives telephone calls or messages of any kind relative to the employment of such nurses and transmits such messages or calls to a nurse lodging in his or her house.

Every nurses' registry that sends out any person to render nursing service shall give to each applicant and also send to the employer of such person, within twenty-four hours of the time of employment, a card stating the salary and qualifications of such applicant, also the name and place of the hospital and the length of time of service therein, or other experience in nursing if not in a hospital, and whether such person is a graduate, trained, certified, registered, undergraduate, or practical nurse, or trained attendant and, if a graduate, trained, certified, or registered nurse or trained attendant, there shall also be stated on such card the number of the annual registration certificate issued to such nurse or trained attendant by the Regents of the University of the State of New York for the current year and a copy of such card left on file for reference in the agency.

In registering any graduate nurse or trained attendant, such nurses' registry shall place on its file a statement showing the number and

date of the last annual report of such nurse and trained attendant, as shown by the annual registration certificate issued by the Regents of the University of the State of New York. Such file records, so kept by such nurses' registry, shall be open to inspection by any authorized agent of the University of the State of New York and such agency shall submit the list in full upon request of such agent.

This bill was introduced last year under the aegis of the Medical Society of the State of New York and still has the same backing. Last year it slumbered in committee and may do so this year if its purposes are not made clear to the legislators and to those who have opposed the measure on the ground that it is class legislation, designed entirely in the interest of the registered nurse.

Some of the owners of registries oppose it because it is regulating and restraining, imposes detail upon them and exposes them to inspection. Irregular nurses object to it because it will identify them and regulate their fees. Women who have had no training of any sort, but who have been sent to the bedside of the seriously sick at the fees of the most highly trained, will naturally object to being properly classified. Good nurses of all classes, however, will not object to classification, for they abhor masquerading under false colors and desire only a complete understanding of their qualifications and abilities by their employers.

The bill is especially in the interest of the public which employs the nurse, but which now has no means of knowing the character of the stranger who comes to the bedside of the desperately sick, of the delicate child who needs tender care, and of the helpless invalid.

The bill is also in the interest of the doctor, who has assumed a responsibility in advising or insisting upon nursing care, and who will have some reasonable assurance by credentials that his directions will be faithfully carried out according to the ability of the certified person who will be sent from the certified registry. In fact, the bill is a step toward officially controlled certified registries which may prove a most practical help in the solution of the nursing problem.

The consumer wants the service he can pay for and always desires the best, but finding it often beyond his financial ability, he must be satisfied, either with a lesser quality or a lesser quantity of service. It would seem that there is a real prospect of greatly increased and profitable activity in well advertised and honestly conducted hourly service, using every type of nurse at prices within the means of everybody except those whose sickness is of the acute twenty-four hour type and for whom hospitalization seems the most practical relief.

Reputable registries, certified by the state, will do well to seek the endorsement of the county medical societies and to actively enter the field already tested by official registries in Brooklyn, Buffalo, and elsewhere.

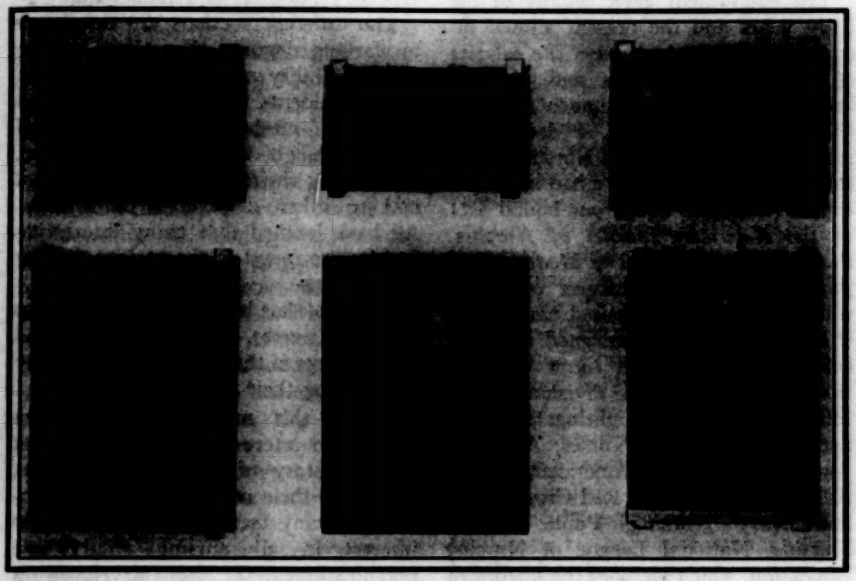
If this bill passes, it promises greatly improved organization of service to the sick, it promises assurance by identification, it promises fee regulation, it promises registries of better character, it promises better business to reputable registries and an opportunity to enter and develop new fields of social service through part-time work.

As Reported by a Registrar

A MAN in a middle-western town cheerfully paid the local rate of $6.00 a day, saying that, if the nurses were not worth fifty cents an hour, he would not want them for such important work as nursing his wife. He pays forty-eight cents an hour to the cheapest man in his shop.

A History of Nursing Scrapbook

By Ruth E. Hahn, R.N.



A Sample Page from the Scrapbook from the Section Devoted to the International Council of Nurses

"As the butterfly emerges from the chrysalis stage through its own effort, as the chick breaks its way through the shell, so must the child establish his own contacts with Life. You can give a child nothing that he can keep. All that is truly his is a part of him. Such power as he possesses grows out of himself and the growth of that power is purely his own affair. You can inspire it, you can guide it, but you cannot give it to him."

THESE are the words that loomed up before me as I glanced over the bored faces, when the time drew near for a final test in the History of Nursing course. Oh yes, we had been through our standard textbooks on the subject. We had, also, many interesting discussions as to *why* the facts as we knew them did not always coincide with the statements made in the textbooks. The students could not but rebel at such statements as:

"between (1889 and 1907), among the educational experiments which were first tried out in the Johns Hopkins, and later adopted in many other schools, are the following: the use of scholarships, the payment of lecturers" etc.

They knew that, as early as 1872, one hundred dollars was paid out of the Nurse School Permanent Endowment Fund for lectures to nurses, here in their home school, for the fact is a matter of record in the twelfth annual report of the Board of Managers, published in January, 1873. In this same report the following paragraph occurs:

The Managers are indebted to Dr. R. J. Dodd of Montgomery County, for a timely and generous donation of five hundred dollars, in aid of their recent efforts, as well as the sum of eight thousand dollars subsequently given in the name of his deceased wife, Hannah Matilda Dodd, towards an endowment fund for this Department, 'the interest accruing thereon to be exclusively used for the

purpose of instructing and training women as nurses.'

The endowment grew rapidly in the early years and the present annual income is $8,500 which pays the salaries of instructors, lecturers and provides books and teaching equipment.

To re-create interest, I decided to make our own History of Nursing in the form of a scrapbook. We had many old copies (over and above our bound set) of the *American Journal of Nursing*, *Public Health Nurse*, *The Modern Hospital*, and other magazines on hand, which furnished the desired material.

Each student was assigned her own subject. Each subject forms one section of the book. The divisions are as follows: Florence Nightingale, International Council of Nurses, American Journal of Nursing, American Nurses' Association, American Red Cross, Army and Navy Nursing, Public Health Nursing, National League of Nursing Education, which includes the history of the early efforts in nursing education in the United States, Nursing Education in foreign countries, and a section showing the history of their own school, The Training School for Nurses of the Woman's Hospital of Philadelphia.

The different sections are developed to various degrees, depending on the creative ability and interest of the different students. Some worked very hard and produced sections of real credit. All had an interesting time, hunting for their facts and pictures and making other discoveries of interest. All have learned that many interesting articles are found in the various nursing publications.

The book has been started by a group of Junior nurses. It is their book and the privilege is theirs to add to it at any time during their three-year course.

I feel this method of study has created an interest among the students in the history of many other schools, as well as their own, as comparison impressed many facts. It has created an interest in all nursing affairs and organizations. It has developed a spirit of research, and last but not least, it has fostered in the group a more coöperative fellowship.

A Simple Inhaler

By Lydia Thomas, R.N.

THE inhalation of medications in connection with hydrotherapy treatments, to aid in the cure of a cold and other respiratory diseases, has become an indispensable asset at the Glendale Sanitarium and Hospital.

This is accomplished by means of an ordinary small tea kettle with a two-foot paper funnel stuck over the spout and directed toward the patient. The kettle containing the solution is set on a three-legged iron stool, about two and one-half feet in height. At the top of it is an electric plate. The attached

cord is connected with the main current and the heating of the solution is rapid.

EDITORIALS

A Study of Nursing Schools

IN the Hospital number of the Journal of the American Medical Association (March 12) may be found a study of Nurse Training Schools in the United States which is replete with interest. The first reaction of nurse readers will be tinged with envy that it was not done by the nursing organizations, but the second will be of genuine gratitude that the feat has been accomplished. It is a splendid basis for yet further studies. The nursing organizations do not lack the vision to make comprehensive studies, but they have no such facilities as has the American Medical Association, as anyone knows who has visited both the modest headquarters of our own associations and the highly efficient six-storyed hive of activity that is the headquarters of the American Medical Association. The American Nurses' Association has limited its studies, because of its limited facilities, to accredited schools.

Student nurses are caring for patients in hospitals totalling 399,940 beds and it is safe to assume that they carry the major portion of the actual nursing care in most of them. Where else in the world can one find so productive a student body? "Of the 2,155 training schools which are known to exist," says the report, "complete reports were received from 2,093"; a remarkable achievement in itself. Of these schools, 1,814 are listed as accredited by the State Boards of Nurse Examiners; 264 are not accredited; and the survey of one state was incomplete at the time the study was published. The most startling statement in the entire report is that 38 schools of nursing are

in hospitals which, for various reasons, are considered unethical—that is, they are in hospitals regarding which evidence obtained shows that some are conducted in a seriously unethical manner; others have immoral, unscrupulous or ignorant practitioners on their staffs or permit them to practice in the hospitals, and others for various reasons are considered as unsafe places for the care of sick and injured people.

Here is a matter for the thoughtful consideration of Boards of Nurse Examiners, for eighteen of the schools in hospitals where medical practice is known to be unethical are schools accredited by the respective state boards. Nurses may not pass upon the ethics of doctors in the practice of their own profession, but our state boards may surely be guided by the A.M.A. on such matters, for the profession of nursing is rooted in scientific medicine.

What shall be done about the hospitals which have non-accredited schools? In fairness to the women who are being lured into them, one of two things should be brought about; such schools should be "put out of business" or should be assisted and encouraged in attaining the standards for registration. These things require coöperative effort. If this study by the A.M.A. has done just the one thing of showing the interest of that organization in sound nursing standards, and this is indicated in the editorial which accompanies the study, the nursing profession has cause to rejoice.

Each of the twelve tabulations is of compelling interest. Under the caption "University Nurse Training Schools" we find the statement, "twenty-five are conducted by universities,"—a statement open to various interpretations, although all have some university connection. The statement that 70 schools admit students under 18 years of age will come as a shock to many nurses. So far as we know, the tabulation of schools training men nurses is entirely

new. Twenty-nine are listed, with an enrollment of 202 men last year.

The advance pages of the *Journal of the American Medical Association*, from which we have been privileged to quote, arrived on the eve of closing our pages, but we hope to publish some careful studies based on these data next month.

The significance of the A.M.A. study is that "hospitals are destined to render a still greater service, however, as they further assume their educational function." The College of Surgeons is steadily carrying forward its hospital standardization program, the A.M.A. is concerning itself more and more with the educational functions of hospitals and the national nursing organizations are pressing ever ahead with a nurse-education program. It is important, for the sake of the public for whose service all these efforts are made, that the programs shall be coördinated as closely as possible. Each will then add momentum to the others, overlapping will be avoided, and our patients be better served. The hospital, which is the stage upon which the great drama of physical and mental betterment is played, needs the support of all three in securing the support necessary to further the educational programs—for true education, whether it be of doctors or of nurses or, indeed, of patients, is a costly thing.

Woodchuck or Index

"I've been digging like a woodchuck through my accumulation of reprints and clippings on nursing and I can't find what I'm looking for!"

THUS did a superintendent of nurses describe her plight when, in a great hurry, she wanted data to support an argument in a paper she was writing. It's a typical picture. Material saved, "just in case I need it," often presents a condition like grandmother's rag bag, full of interesting things if one had time to look for them, but often without a scrap of the material needed at the moment.

We know that many individuals have neat card catalogues of the material, books, magazine articles and pamphlets they keep in constant use. It is a fine habit that has been developed by private duty nurses and those in teaching and administrative positions in schools and public health nursing organizations.

Some of the schools, especially those in the universities, have labored to build up their excellent collections of reference material. National nursing headquarters, too, is constantly adding to its store. Splendid though some of these collections are, the material is not readily available because it has not been comprehensively indexed.

In the March *Journal*, Miss Wildes, Librarian of the Yale Medical Library, and Miss Stewart, of Teachers College, discussed a plan for providing an index to nursing literature. The National League of Nursing Education has recently sent letters to all schools of nursing asking for expressions of interest and for subscriptions to the proposed index. Indexing is expensive work. The profession can have this extremely valuable tool only if a great many subscriptions are secured. The individual cost is low and the value is out of all proportion to the cost. The hours of time saved instructors, alone, in one year would much more than offset the cost to each school of a subscription. Let's not be woodchucks any longer. Let us provide ourselves with an index to the literature of our profession that will not only help to preserve our treasure but will open many a door to fruitful thinking. Our literature, especially periodical literature is growing amazingly. An index to it is needed very sadly. Have you answered the League's letter? Have you said, "Of course we'll subscribe?"

National Hospital Day

THE Hospital Day idea is like that famous shot "heard round the world," for although it is the aim of the American Hospital Association "to turn the attention of the nation to our hospitals on May 12th," the day will be celebrated in many lands and in many ways. One thing the day is not. It is not a day for soliciting funds! The suggestions of the Association for the celebration are all designed with but one purpose—to arouse interest, in the belief that, active interest having been aroused, social and financial support can be secured.

The day, May 12th, has been appropriately selected by many schools for commencement exercises and there could be no finer way of memorializing Miss Nightingale, whose birthday it is. Other schools plan far in advance for the Day, as did the Middlesex School of Middletown, Connecticut, last year. Talks on the preparation for nursing and on the opportunities in nursing were delivered in the high schools in town and county. These were followed by letters to the principals, inviting all students to a tea on Hospital Day. Entertainment was provided by the school Glee Club and a projectoscope lecture on nursing activities in the hospital, woven around snapshots and other pictures that had been made in the hospital from time to time made a decided "hit." The hospital aid committees had been asked to furnish transportation and the high schools were splendidly represented at the tea. Keen interest was aroused in this way.

The Hospital Day Bulletin of the Association urges hospitals to use every possible agency for giving publicity to the fact that hospitals will be open for inspection on that day. A vast amount of information can be disseminated, not only by the local press but by the interested clergy. All this, however, implies careful preparation of material. Hospitals competing for the National Hospital Day certificate of the American Hospital Association are required to send to the Association a scrap book containing an outline of the program, pictures taken at that time, clippings from the local newspapers and such other material as may be descriptive of the exercises.

While the Dragon Turns

OF the three appeals for funds made at the meetings of the Board of Directors of the American Nurses' Association, the one from the nurses of China for aid in building their headquarters is closest to the hearts of American nurses. Our enthusiasm has been kindled many times by the tales of nursing emerging from the orient, of a country which had no word for nurse in its language, fifteen years ago, and which now has 115 registered schools and fifty more seeking registration, of a nursing organization that so captured the imagination of the International Council of Nurses that it voted to hold the next world congress in Peking.

But the moment is not auspicious for funds to be raised for a nursing headquarters in Hankow. The morning papers carried the news that this city is being battled for by Marshal Chang Tso Lu and the semi-independent Honan troops. American nurses on the point of contributing cannot help but hesitate; they feel like a farmer who thinks of seeding his field during a storm. Knowing that the thunder and lightning will soon cease, he turns his attention elsewhere until it does.

A profound respect for the peace-loving qualities of the Chinese is felt the world over. In six months' time the wonderful dragon, growing weary of turning, may possibly sit at peace again. Then the hands of American nurses may more reasonably be expected to be

stretched toward their check books, and in 1929, many will plan to stop at Hankow to see the headquarters before going to their world congress in Peking to take tea with the President of China.

In the meantime, because like all professions close to life, nursing is a world-wide matter with our sisters in China, we are anxious for the present security of the service they have taken years to build. But it is certain that so essential a thing will be needed by the new China as much as it has been by the old. Nursing in the Orient will last like the Chinese wall.

Help is needed for nurses in Bulgaria and the Near East, too. L. E. Feldmahn, chairman of the Russian Red Cross, old organization, asked for $300 for the maintenance of a hospital bed for refugee nurses in Sofia; while Miss Blackwell made an appeal for the work being carried on by nursing schools under the Near East Relief.

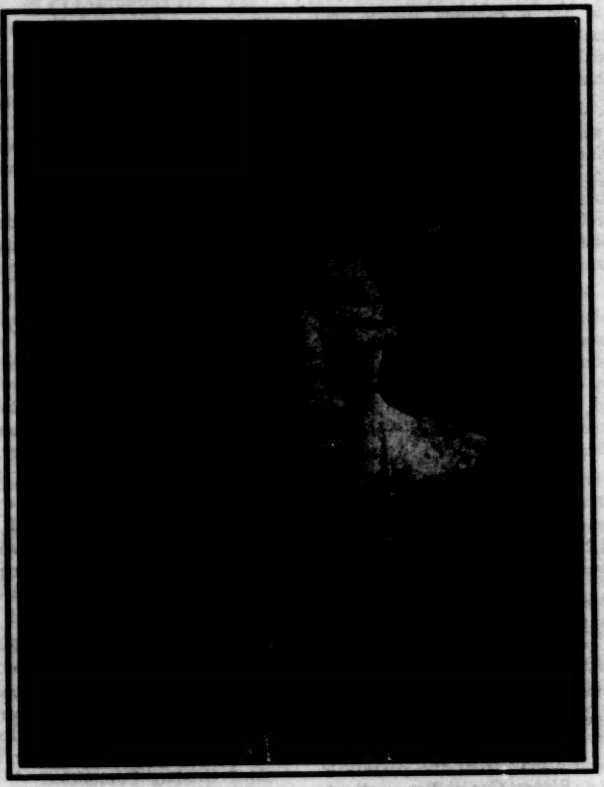
These two requests were referred to the International Council of Nurses, the first to be taken up through the Bulgarian Nurses' Association. This means that nursing has indeed antennae which reach to the ends of the earth. With such a circulatory system round the globe, it cannot help but act and grow as a gigantic unit with equal benefit to all its parts.

Death through Nurses' Error

FATALITIES to many persons through the failure of an engineer in charge of a train, an usher in a theater, the captain of a boat, the elevator man, or a cook are not infrequent. They become the news of the day and in the rush of modern life pass soon into the limbo of forgotten things. The deaths of six infants in a hospital to which mothers came for the safe care that a hospital should provide must not be permitted to pass without the lesson of the accident being driven home to the personnel of every hospital in the country. The guardians of the well have only a partial responsibility; the caretakers of the sick and of the infant have responsibility that is complete, that demands eternal vigilance, that permits no escape. Their responsibility cannot be lightly assumed and, once taken, must be borne to the utmost of human strength and wisdom.

—*Journal of the American Medical Association*, March 12, 1927.

Who's Who in the Nursing World



LXIX. EMMA C. WILSON, R.N.

"I expect to spend the remainder of my life in study and travel," writes Emma C. Wilson, who is now at work on a history of nursing in Iowa. It is a task for which she is eminently qualified, for Miss Wilson has practised her profession in many capacities, in Iowa, since 1902.

Although she received her academic education, including a year at the Des Moines University, in her native state, Miss Wilson chose the school of the Asbury Hospital, Minneapolis, for her professional Alma Mater and Mercy Hospital, Des Moines, for postgraduate work. She has been, successively, Superintendent of Wesley Hospital, Chicago; Iowa Methodist Hospital; school nurse, Des Moines; Field Secretary for the Central Division of the American Red Cross and Instructor in Home Hygiene and Care of the Sick.

Miss Wilson is a charter member of the Iowa State Association and presided at its first convention in 1904.

Our Contributors

Dr. J. C. Doane and Stella Geostray, R.N., of the Philadelphia General Hospital have developed real teamwork in teaching medical nursing. Cerebrospinal meningitis, providentially, is not a common disease, but there is much of value to every nurse in the two articles and many will be interested in the teaching methods underlying them.

Elizabeth J. Jennings, R.N., gave up private duty nursing to join the staff of the Pasadena Nursing Center. She is a graduate of the Hahnemann Hospital School of Nursing, Philadelphia. Her description of the very comprehensive services of the Center is most modest, for it is an exceedingly active place.

Caroline V. McKee, R.N., Chief Examiner of the Ohio Board of Nurse Examiners, knows whereof she speaks when on the subject of examination questions. The article was written in response to a definitely expressed need, for there is much criticism of what are sometimes described as "questions fit for medical students."

Thick farina mixtures are so successfully used at the Children's Hospital of Philadelphia, that we requested the article by **Arlene C. Meanch, R.N.,** who is Assistant Instructor in the School of Nursing.

Augusta Haselwood, R.N., is a technician in the laboratory of St. Joseph's Infirmary, Houston, Texas. She speaks with admirable restraint on the relation of nurses to the pathological laboratories.

We wonder how many directors of schools of nursing feel that they have "one hundred per cent coöperation" from the parents of their students. **Sister Grace Bernardine's** method is certainly suggestive.

Jean Broadhurst, Ph.D., is a scientist with a sense of humor, a notable teacher, and a gifted writer. Most nurses know her books, "Home and Community Hygiene" and "How We Resist Disease."

Hazel Distin, R.N., a graduate of the Hartford Hospital School for Nurses, writes from personal experiences in Syria, land of alternate rain and drought.

Everdean Harmeling, R.N., has given us one of the most cogent arguments that have come our way for urging nurses who possess missionary zeal to secure training in public health, before attempting pioneer work. We are indebted to Dr. Annie S. Veech, Director of the Bureau of Maternal and Child Health in Kentucky, for it.

"What is an Emergency?" raises some interesting questions.

We hope that many private duty sections may discover well qualified metabolic dietitians like **Minna G. Reese, B.S.,** who can be interested to form classes for nurses who want to be brought up to date on dietotherapy.

Henrietta Jessup's contribution is of such a thoroughly practical nature that it requires no comment. Miss Jessup is a dietitian of wide experience.

Ruth R. Hahn, R.N., devoted alumna and instructor in the School of the Woman's Hospital, Philadelphia, doesn't call her method of teaching the history of nursing, a "project," but it has all the earmarks of that extremely interesting method and it certainly secures results. Her data on the endowments of her school are extremely interesting.

When **Katherine J. Densford, M.A., R.N.,** writes about tuberculosis nursing, she writes out of conviction based on experience. She is now Assistant to the Dean of the Illinois Training School for Nurses.

Dr. Nathan B. Van Etten is an extremely busy general practitioner who is deeply interested in the mutual problems of medicine and nursing. He is a member of the New York State Medical Association Committee on Nursing and is a member of the many-sided Grading Committee.

Theresa Virginia Beard is the charming wife of Dr. Richard Olding Beard, honorary member of the National League of Nursing Education.

Too Late for Classification

THE MARYLAND STATE BOARD OF EXAMINERS OF NURSES will hold an examination for state registration, May 17, 18 and 19. All applications must be filed not later than April 30 with the Secretary, Mary Cary Packard, 1211 Cathedral Street, Baltimore.

The Education of the Student Nurse in Tuberculosis Nursing[1]

BY KATHERINE J. DENSFORD, R.N.

THE preparation of a paper on the education of the student nurse in tuberculosis nursing has proved a much more difficult task than I had anticipated. This has been true for two reasons. In the first place, this subject has already been presented most ably, many times, by leaders both within and without the nursing profession. And in the second place, the more the subject has been studied and the more time has been devoted to it, the more clearly appears the truth of the old adage, "The more one studies the less one knows."

It has been particularly difficult to choose the approach to our subject. Should it be, as it first suggests itself, by way of the needs of the sanatorium with its administration and medical staff or, as a second thought, via the interests of the general hospital and its administration, or perhaps through the plans of the schools of nursing or, again, in answer to the needs of public health nursing? Any one of these roads might be selected, and thus it might come about that one way could be found that would eventually branch out, leading into and satisfying all of the others.

Because I have lived in hospital environment, because I have been supervisor of nurses in a tuberculosis sanatorium, because I am at the present assisting in the administration of a school of nursing, and because I have previously done public health nursing, all of these avenues of approach have been considered, but I have chosen—none of them. I have chosen instead to approach our subject, the education of the student nurse in tuberculosis nursing, via the medium of the one who is most concerned, wherever he may be found, and of whom there are, in the United States today, many thousands,—the tuberculosis patient.

From this standpoint, how can we best build for the future of tuberculosis nursing? And in the light of the need, what subject of more importance could claim us than building for the future of this branch of our profession upon a good foundation, a foundation that shall be sound and stable, so that the superstructure when reared shall be one which can safely withstand the stress and storm of changing needs and conditions?

To secure such a foundation for the future of tuberculosis nursing, there are certain considerations to be taken into account. We might list these somewhat as follows:

First, What is to be the objective?
Second, What shall be the plan to attain this objective?
Third, What materials or facilities are needed for carrying out such a plan?
Fourth, What are the objections to it?
Fifth, Can the plan be carried out?

Keeping in mind our method of approach, via the tuberculosis patient, what then is the object of the education of the student nurse in tuberculosis nursing? The object may be stated in one phrase; namely, to secure better

[1]Read at the annual meeting of the National Tuberculosis Association, Washington, D. C., October, 1926.

nursing care for the tuberculous patient,—better nursing care in the home and in the institution, for the potentially tuberculous and for the tuberculous, for the child and for the adult. And our aim is to the end that tuberculosis may be prevented and cured, not alone in the home or in the institution, nor in one locality only, but in all parts of the country, wherever there exist conditions that contribute to the development of the disease or wherever definite tuberculosis is found.

Knowing our ultimate aim to be that the individual may have better nursing care, and knowing also that this better nursing care will come as a result of gradual progress, may we present our plan with the full understanding that it is considered in no sense an absolute, final, or static one? Education in any profession is a continuously growing, developing, and changing thing. What was good ten years ago, may be and often is inadequate today. And while we would that vision might be given us so to plan a structure that it would be complete and all-inclusive, we can only hope, with what insight and experience we have, to lay the foundation, to formulate a plan, the main features and principles of which we feel shall be sound, which can be adapted to the needs of our own time in different sections of the country, and which is sufficiently flexible to meet the needs of changing conditions in time to come.

What then is the plan? It can only be one that requires *every school of nursing* the country over *to give all student nurses education in tuberculosis nursing in both theory and practice.*

This plan, of course, is only to fit in as a part of the general training of the student nurse. We must consider, in making our plan, that the school of nursing curriculum does include other types of nursing,—medical, surgical, obstetrical, pediatric, etc.,—and that as tuberculosis enthusiasts (and I am one) we are careful to see the whole picture, to stand at the center of the circle and see all sectors, not stand at the outside and look in only on our own. If tuberculous patients are to have better care, all over the country, it is this larger structure of a *general training including tuberculosis* which will surely guarantee that care.

Just what is needed, in order to carry out such a plan, a plan guaranteeing theory and practice in tuberculosis nursing to all student nurses?

First, what is needed in order to give theory? There are two essentials,—a doctor and a nurse well versed in tuberculosis, both of whom know and both of whom have lived tuberculosis, who love their work and who are willing to become teachers—to transfer to the student nurse something of the knowledge they have of tuberculosis and to bring with them the inspirational type of teaching which imparts, not only knowledge, but the stimulus to further study and better work on the part of the student. Too often the medical and nursing students are found lacking in their attitude toward tuberculosis work because, we, as doctors and nurses, failed to convey the proper knowledge and interest to them. *"Tel père tel fils."* No hue and cry can be raised against our students without a portion of that outcry rebounding on our own shoulders. Do we fear? Then are our students likewise afraid. Are we sincerely enthusiastic? Then will our students be up and doing.

The second group of needs in such a plan grows out of the requirement for practice. What is needed for the giving of practice to student nurses?

These are also two: First, properly qualified individuals responsible for the care of the patient and the practical instruction of the student. This entails in every sanatorium which is to accept

students for training, medical supervision which is not only skilled in the diagnosis and treatment of tuberculosis, but which is continuous in the sanatorium. It entails a staff which has the time and the inclination to devote itself to the teaching of students.

Having proper personnel, the next requirement is for a satisfactory laboratory in which to work. This means preferably a sanatorium caring for all types of the disease, providing a physical environment adequate for the care of the patient and for the healthy and happy living of the student. I use "preferably" by design, for I believe that the sanatorium forms the foundation for this structure of education in tuberculosis nursing for better nursing care. At least, a better foundation in institution or home can be laid there, than elsewhere, provided the sanatorium meets the above requirements. On the basis, then of the foundation laid in the sanatorium, can and should be built the public health phases of tuberculosis nursing in undergraduate days, if possible.

If, however, a sanatorium is not available, then let the laboratory work be done wherever, in institution, dispensary, or home, the disease tuberculosis exists, really or potentially, and wherever in this environment proper medical care and physical environment are extant. There are already certain general hospitals in the country with tuberculosis wards or divisions, whose schools accept students from other nursing schools for affiliation. These hospitals could furnish the laboratory not only for their own school but for the affiliating schools as well, and always, in every state, despite the fact that some tell us they have no tuberculosis, we know there is tuberculosis, and it is for us—doctors and nurses—to find the way of teaching the medical and nursing student the care of that patient. Where possible, then, existing sanatoria should be provided with adequate facilities to care for the practice work of the student nurses in the several states,—students receiving their general training in their own hospital and affiliating with the sanatoria for the practice in tuberculosis nursing. Suppose only one sanatorium could care properly for six students through affiliation, each month, there would be, at the end of the three years' training, 180 young nurses, all of whom had been given an interest in the tuberculous patient and a normal approach to his care. And not only would 180 student nurses have had an introduction to the study of the disease, but also that sanatorium would have received better care for its patients than had been possible previously. And the hopeful part is that each three years, the same or an approximate number of young women would continue to learn the care of the tuberculous patient. When we consider that 15,000 student nurses graduate each year, we have some idea of what so large a number, if even a small percentage elected eventually tuberculosis nursing, could accomplish for the care of the tuberculous patient, if properly guided. Add to this number the 12,000 public health nurses, and consider how much more potent an agency they would be in the prevention and care of the disease if, as student nurses, they had had tuberculosis nursing.

With such medical supervision and with available opportunity for laboratory work, we have our two great needs satisfied. When adequate medical supervision and satisfactory physical facilities have been provided, then and not until then, can a good nursing service be built,—a service to include properly qualified persons in charge to direct the nursing service and give instruction; graduate nurses in charge of the wards who also will help in the

instruction of the student; students to give care to different types of patients; and a sufficient number of attendants and orderlies to care for that part of the work which cannot be made educational.

The question may now be asked, How much theory and how much practice shall be given? The answer cannot be arbitrary. The amount in both cases will depend upon local conditions. Certainly there must be a sufficient amount and of the proper kind to insure an interest in the prevention and the cure of the disease and a knowledge of it, both theoretical and practical.

Because a plan in which we say all students must have tuberculosis nursing in theory and practice, in whatever amount is possible, in the separate localities and wherever good medical care and physical environment are present, —may seem a bit vague, I shall give in detail, though at the risk of repetition, the plan which was worked out in the School of Nursing and Health at the University of Cincinnati.

There was already established, at the sanatorium, a good medical staff, a staff interested in the patient and in the education of the medical and nursing students. The physical environment was such as could afford good care for patients and comfortable living for students.

Lectures, fifteen in number, were given to all students in the school during the second or third year. These were given by the medical directors and the supervisor of nurses. Students might elect the ward practice in tuberculosis nursing at the tuberculosis sanatorium. At first, only two or three students elected it. Gradually a larger number chose it, until, within less than three years, every student in the school, together with many affiliates, made this election. Unless the plan has been changed, tuberculosis nursing continues to be a part of the curriculum, just as is any other type of nursing whether medical, surgical, or obstetrical.

The ward practice was for a period of one month, during which time two half-days were given to visiting, under supervision, with the city public health nurses in the homes of those who were patients at the sanatorium.

This plan is not an empirical idealistic theory, deduced from imagination, but an actual system, practically applied, and if judged in the light of our objective—the better care of the patient—I have the word of the medical director that the patients received better care than they had ever had before, for the very obvious reason, I feel, that the sanatorium, from a nursing point of view, was made a teaching laboratory where student nurses were taught the care of the tuberculous patient.

A plan somewhat similar is in use in other schools, notably the University of Minnesota School of Nursing, and while such a plan does not prepare the nurse thoroughly for all tuberculosis work, it does, if given rightly, give her a sufficient interest and knowledge on which to base further study and work after graduation. Such a plan, with its two essentials of proper supervision and adequate laboratory facilities, should secure our object—the object we are working for—better care for the tuberculous patient.

A discussion, however, of any plan of action cannot be adequate without taking into consideration the difficulties which may arise in its practical application. As the Scotch poet has told us:

> Plans neatly laid,
> Oft miss in the doing and go wrong and fade.

In the first place, affiliation at the present time seems discouraging. One reason is that directors of schools of nursing are unwilling to send student nurses to care for tuberculous patients. This has been a serious objection in the

past, just as it has been in communicable disease nursing; but even as in communicable disease nursing, so in tuberculosis nursing it is coming to be less and less a reason why student nurses should fail to receive this instruction. All of us can point out particular schools, or states even, in which this is still true; but "Rome was not built in a day," nor can we hope to accomplish over night our purpose in this work. While it is not possible at the present time, may we not hope that, in the not too distant future, training in tuberculosis nursing will be required by state examining boards? Similar requirements have been made in the past, and school directors have found a way of meeting them.

Another obstacle to affiliation is that students are unwilling, or their parents are unwilling for them, to take this training. It is true, however, that where the plan was tried, in less than three years all students in the school, including many from affiliated schools, were taking the tuberculosis nursing practice. I believe the attitude of students is usually that of those in authority, and that the election of tuberculosis nursing practice can be stimulated by those directly responsible for their guidance. When once all students do elect the practice, tuberculosis nursing can then be made a part of the curriculum.

Again, hospitals cannot afford to spare the students for work outside the institution. This is a real objection and can only be met, I believe, by an awakened conscience on the part of the hospital administration and the public. Until funds are supplied for graduate nurse service, to help replace that of student service, we cannot hope to go as far as we would wish; but I do believe many hospital superintendents are willing to give the student nurse this training, and I know of some who have found the way. In other words, this is an impassable barrier only if the hospital administration makes it so. Otherwise students would not at the present time be receiving tuberculosis nursing practice.

Also, there are several states with few or no sanatoria at the present time. May we not look forward to the time when these states will build sanatoria for the care of their tuberculous patients? Fortunately, in so far as the education of the student nurse in tuberculosis nursing is concerned, in most of these states the number of schools of nursing is few, as is also the comparative number of students.

Then, medical supervision of proper type is not available. A nurse can make no answer to this assertion. She can only say that good nursing care can be given, only under the direction of expert medical care, and not until there is provided good medical care can it be given; and she may add that where good medical care has been provided and an attempt has been made to teach the student nurse tuberculosis nursing, the plan has been successful.

A final difficulty in arranging affiliation is that the physical environment in existing sanatoria is often unsatisfactory. Sanatoria frequently are not prepared to give adequate care to patients or to receive student nurses. This fact is then a challenge to the sanatoria, since it is in these institutions that "inadequate nursing care" has always existed. The condition is the sole responsibility of neither the medical nor the nursing profession. It is primarily the responsibility of the sanatoria and their administration. Let the sanatoria present an environment livable for patients, nurses, and doctors, (livable to include a living wage) and except in rare instances, they will have no more difficulty in securing adequate nursing care than do other hospitals.

In summing up the situation in

regard to affiliation, the outlook may be discouraging, but "discouraging" and "impossible" are different words. What if Edward L. Trudeau had stopped in his efforts when the outlook seemed discouraging?

In addition to the difficulties in arranging affiliation, we should also face the charge that under our plan, as given, insufficient emphasis is placed on the public health phases of the work. We would in no way minimize the public health aspects, especially as most of the patients are in the home. We would, however, emphasize that in the sanatoria can best be laid the foundation principles of tuberculosis nursing. On this foundation should be built the public health phases. The student nurse should have dispensary and field work in addition to her sanatorium service in undergraduate days, wherever possible, and in localities in which no sanatoria exist, all of her work will, of necessity, be under public health nursing supervision.

Are there further difficult points to consider? We meet the statement that graduate nurses of today are not interested. They are criticised for having been lured into greener pastures. Certainly they are not in the tuberculosis field. Criticism today is prevalent of all professions. The teacher is charged with being too impractical; the physician with having left the rural communities; even the minister finds blocks of criticism confronting him; scarcely then can the nurse expect continued approbation. And can we expect interest in any project of which there is only ignorance and fear? It is to overcome the lack of interest and the fear of the disease that all students must be taught tuberculosis nursing in both theory and practice. No statistics on the total number of graduate nurses doing tuberculosis nursing work in the United States are available. In the tuberculosis division of Cook County Hospital there were, a year and one-half ago, three graduate nurses; today there are nine.

Do attendants and ex-patients give better care than do nurses? This is a point to think of and it may be (perhaps often is) true at times; but I have worked with all three, and while it frequently is a matter of personal preference, I believe we will all agree that the nurse has greater capacity for growth and development in the nursing care of any disease than has the individual who has only the technical knowledge and practical skill pertaining to one disease. From an institutional point of view, attendants will probably always be needed; for even with graduate nurses in charge of wards and with students caring for the patients, there will always be a certain amount of the work which cannot be made educational and for which the attendant can care. Ex-patients, because of their understanding of the disease, and because as arrested cases they serve as a source of inspiration to the patient to go on with the cure, may (and often do) give very good care. Is not the quality of this nursing often precarious because of the care that the ex-patient must exercise in looking after her own health? Is it not seldom that there can be an entirely unselfish devotion to the care of her patient? Must she not of necessity consider her own welfare first? And while it is possible that all types of disease can be more sympathetically cared for by those who have had the disease, we would hesitate to recommend this prerequisite for our doctors and nurses. I believe the qualities necessary for good care of tuberculous patients are none other than those required for any good nursing, and they depend upon the individual and are inherent in her, rather than pertient to any disease.

And should we concentrate all our attention on the ex-patient, even to the

extent of providing in the sanatorium a special training school affording a nurse's training for her, with practice in tuberculosis only, we still could care only for certain sanatoria, which, in so far as the care of the patient is concerned, could be better provided for by the continuous supply of student nurses under good supervision. In so far as the sanatorium itself is concerned, the maintenance of a training school in a sanatorium (if rightly done) is a much more expensive procedure than the maintenance of a laboratory for affiliation. In fact, the care and placing of the arrested case of tuberculosis is a pressing social-service problem, not a medical or nursing one.

At the end of a frank survey of these difficulties in the way of our plan for the education of the student nurse in tuberculosis nursing, we cannot deny that they are real. When we consider New York State being able to give tuberculosis nursing to only about 200 out of some 5,000 students, and being able to prepare only three or four sanatoria out of a round total of seventy, the outlook surely is anything but bright. Shall we then give up our plan? Rather let us say, "Per aspera ad astra," remembering that it is always through obstacles that progress presses on to shining achievement.

And what of the other side of the picture? Are there signs that show the possibility of such a plan becoming a reality? Can the plan be carried out?

The answer to this question can best be made by a brief study of the answers given to a questionnaire sent out to each state and to the District of Columbia. Replies were received from thirty-six states, many of which left certain questions unanswered. The courtesy of these replies enables us to give the following statistics:

In reply to the question, How many schools of nursing in your state give training in tuberculosis nursing, 15 states replied that 45 schools give this training. In the 19 states replying to the amount of theory given, we find a range of from 2 to 54 hours. In 36 states replying to the amount of practical experience, 14 states offer it, ranging in amount from two weeks in Rhode Island to six months in Arizona. There are in the 12 states answering, What is the approximate total number of students enrolled in these schools? approximately 2,000.

In the schools which do not give, at the present time, tuberculosis training but which would be willing to do so, if properly equipped and staffed sanatoria were available, 10 states reply that approximately 46 schools would be willing to give one month of ward practice. Only 6 states, of the 10, reply to the number of students in these schools,—giving the approximate number as 4,400.

To the question, If means were available, how many sanatoria in your state could be put in condition to receive student nurses? 15 states feel that 34 sanatoria could be placed in such condition. Of the schools which would not be within reach of these sanatoria, in the 19 states replying, we find only 5.

In summing up the actualities and the possibilities of the case, we find then the following situation. Fourteen states out of 36 are actually giving ward practice to some of their students; approximately 46 schools in 10 states would be willing at the present time to do so if means were available; approximately 34 sanatoria in 15 states could be put in condition; and in 19 states, 13 would have sanatoria within reach of all schools of nursing.

We are aware in this brief study that figures can be made to prove most theses. But at the end of this view of both sides of the situation, what are our conclusions? What is the picture when you see it in both lights? On the one

hand, there are some states, as for example, New York, where the prospect discourages us. On the other hand, there are states like Minnesota which, with a total of 2,682 students, finds it possible to give education in tuberculosis nursing in theory and practice to 621.

As we look at these figures we take heart, and we would point out the possibilities of further growth along these lines. On the whole, may we not concede the possibility of bringing this preparation to all students? The line of possible growth is in the direction of our hopes.

Our plan requiring an education of all student nurses in tuberculosis nursing in both theory and practice may seem to many a bit idealistic, but was there ever a worth-while thing accomplished which did not develop from a plan; and of the things which are today of benefit to mankind, was not an ideal responsible for their realization?

That this plan is not, however, of the non-workable ideals that pass in a day, but rather of the workable ideals that build themselves into the structure of society, seems to be borne out by its actual use in some instances and by progress in its direction in others. Some states are today preparing student nurses for their professional work under this plan. May not all states do so tomorrow? Then, and not till then, shall we have drawn up in best array our forces in the "Hundred Years War" against the "Captain of the Men of Death."

RESULTS OF QUESTIONNAIRE

A questionnaire was sent to each state in the Union and to the District of Columbia. Replies were received from 36 states. Many of the states left certain questions unanswered. The results are as follows:

Question	Number Replying	Results	Replies of Individual States		
I (a) How many schools of nursing in your state give training in tuberculosis nursing?	15	44 schools in U. S.	Ariz. ---- 3 Calif. ---- 5 Colo. ---- 6 Fla. ------ 1 D. C. ---- 1	Ill. ------ 4 La. ------ 1 Minn. ---- 2 N. Mex. -- 2 N. Y. ---- 3	Ohio ----- 8 Penn. ---- 1 R. I. ----- 4 W. Va. --- 1 Wis. ----- 2
(b) Give number of hours of theory.	18	From 2 to 54 hours	Ariz. ----20 Calif. ---- Colo. ---- D. C. ----16 Fla. ------15 Ga. ---10-20	Ill. ------54 La. ------15 Minn. ---5½ N. D. ---4-5 N. Y. --8-35 Ohio --10-20	Pa. ------ R. I. ----- 2 Utah ---- 8 Vt. ------ 6 W. Va. -5-20 Wis. ------20
(c) Give average length of practical experience.	37	14 States offer practical experience	Ariz. -24 wk Colo. -- 6 wk D. C. -- 4 wk Fla. --12 wk Ill. ---12 wk La. --- 4 wk Minn. 4-6 wk	N. D. ----------Indefinite N. Y. 8 wk in one; 1 yr in one Ohio ---------- 4 wk Pa. ----------12 wk R. I. ---------- 2 wk Utah ----------12 wk Wis. ---------- 8 wk	
(d) What is the approximate total number students enrolled in these schools?	12	2,007 students receive theory and practice	Ariz. --- 50 D. C. ---150 Fla. ---- 40 Ill. ----- 7	La. -----110 Minn. ---625 N. Mex. - 34 N. Y. ---200	Ohio ----383 Utah --- 28 Vt. -----325 Wis. ---- 55 Total ----------2,007

Question	Number Replying	Results	Replies of Individual States
II (a) Of the schools which do not at the present time give this training, approximately how many schools (if properly equipped and staffed sanatoria were available) do you feel would be willing to send students to sanatoria for a period of one month for ward practice?	10	In 57 schools one month tuberculosis ward practice might be given	Fla. ----------Probably 17 Ga. ----------Very few Me. ----------Should all be willing N. D. ----------16 N. Y. ----------Very few R. I. ----------All schools Ohio ----------50 per cent Utah ----------1 Wash. ----------3 Wis. ----------20
(b) Approximate total number of students enrolled in these schools.	6	Approximately 4,400	Fla. ----------450 Ohio ----------2,682 N. Mex. ---------- 34 Vermont ------ 150 N. D. ----------383 Wis. ---------700-750
III (a) If means were available how many sanatoria in your state do you feel could be put in condition to receive student nurses?	15	34 sanatoria	Ala. ----- 2 Mont. --- 1 Ore. ----- 2 Ark. ----- 2 N. D. ---- 1 R. I. ----- 1 Fla. ----- 1 N. Y. ---3-4 Texas ----12 Ga. - Several Ohio --Sufficient No. to give practice to students. Vt. ------ 1 Me. ----- 2 W. Va. --- 1 Mo. ----- 3
(b) How many schools would not be within reach of these sanatoria?	19	5 states have schools not within reach	Alabama Georgia New York Missouri Tennessee Of the 19 replying, 14 have sanatoria which would be within reach of schools of nursing.

May Day

Child Health Day

THIS year May Day offers a new challenge to all those concerned with the well-being of children, the challenge to recognize the spiritual child and to deal with it in the same spirit of thoroughness and soundness that marks our dealings with the mental and the physical aspects of the child.

By restoring to children their spiritual birthright shall we march forward with sure step through the quicksands of change and confusion to a clearer goal.

The Child's Bill of Rights

The ideal to which we should strive is that there shall be no child in America that has not been born under proper conditions, that does not live in hygienic surroundings, that ever suffers from under-nutrition, that does not have prompt and efficient medical attention and inspection, that does not receive primary instruction in the elements of hygiene and good health; that there shall be no child that has not the complete birthright of a sound mind in a sound body and the encouragement to express in fullest measure the spirit within which is the final endowment of every human being.

HERBERT HOOVER.

Attention of Students of Lydia E. Anderson, Brooklyn, N. Y.

FORMER students and professional associates of Lydia E. Anderson are planning a dinner in her honor to be held April 27, at the Hotel McAlpin, New York City. Those who are near enough to attend the dinner should notify the secretary. *All former students* are asked to send *at once* their written signature on an ordinary calling card, stating school of nursing and years when they were students of Miss Anderson,—also a word of greeting. Please write on one side only, as the purpose is to mount the cards in a book to be presented to Miss Anderson. The Secretary of the Committee is Louise Parsons, 301 East 17th Street, New York City.

Ethical Problems

The Editor and the Committee on Ethical Standards will be glad to consider other solutions than those offered each month to the ethical problems submitted for discussion. They will welcome additional problems.

Problem III

"AFTER the decease of a patient, if the nurse is requested to remain with the family of the deceased until after the funeral services, should she be attired in uniform or street clothes?"

Whether or not the nurse should be attired in uniform or street clothes depends upon the circumstances. The action should be determined by the clothing which is the most suitable and upon the request, if any, by the family.

Problem IV

AN anonymous letter was received by The American Journal of Nursing, entitled: "Does the Public's Attitude toward Nurses Need Educating?"

The questions put, referred to the patient's friends' attitude toward nurses, as being thoughtless of their comfort, when on cases; the question of who is right in regard to the stopping of medicines; whether the nurse is responsible for the right food being given the patient when the butler prescribes it; relations between doctors and nurses as regards orders; charges by a doctor for professional care of a nurse; having salary paid by the butler.

Some members of the public may not know what the trained woman, as a nurse, means or how to treat her.

Is the nurse, as a trained woman, a woman of judgment and personality, as members of the public expect her to be?

Is not the public's attitude toward us, as nurses, somewhat our own fault? Is it not what some of our sisters in the profession have made it?

So far, the private duty nurse is being paid a certain sum of money for a certain number of hours of work. When nursing is placed on a professional basis, where we are giving the patients what they need, regardless of the time expended, and receive, in return, a professional fee, then perhaps we can expect a different attitude.

Accumulated problems, like these referred to, may come from those who, if not actually looking for slights, fail to exercise the tact that would prevent them.

Problem V

THEN comes the question of anonymous letters. The American Journal of Nursing has a rule to the effect that anonymous letters will be consigned to the W. P. B. What are your views on "Anonymous" letters and on the "tipping" of nurses?

Too Late for Classification

State Meeting

Virginia: The annual meeting of the GRADUATE NURSES' ASSOCIATION OF VIRGINIA will be held at Hotel Monticello, Norfolk, May 3, 4 and 5. S. Lillian Clayton, Mary M. Roberts and Dr. S. P. Mitchell are among the speakers. A full and interesting program has been planned.

State Board Examinations

Minnesota: THE MINNESOTA STATE BOARD OF EXAMINERS OF NURSES will hold examinations on May 5, 6 and 7, beginning at 9 a. m., in St. Paul, at the *New* State Capitol; in Duluth, at St. Mary's Hospital; in Rochester, at St. Mary's Hospital; in Crookston, at St. Vincent's Hospital. Nurses who complete the course on or before June 1, 1927, may take the examination in May. Applications accompanied by the fee of $15 must be in the hands of the Secretary, Lelia Halverson, Room 329, Hamm Building, St. Paul, at least two weeks before the date of the examination.

Ohio: THE NURSE EXAMINING COMMITTEE OF OHIO will hold an examination for nurse registration in Columbus June 6, 7 and 8. Application should be made well in advance to the Chief Examiner, Room 110, Hartman-Ohio Building, Columbus.

Department of Red Cross Nursing

CLARA D. NOYES, R.N., *Department Editor*
Director, Nursing Service, American Red Cross

Desire for Teacher Training

LETTERS that arrive at National Headquarters throughout the year from different sources indicate the interest nurses are taking in teacher training. Summer courses, where graduate nurses may supplement their nursing education by learning correct pedagogical methods of instructing others, are now an established fact. As a reminder to our correspondents as well as to other nurses, announcement is made that the Summer Courses for Instructors, or those desirous of becoming Instructors, in Home Hygiene and Care of the Sick, will again be held at Pennsylvania State College, Pennsylvania, June 27 to August 5 inclusive, and at Colorado Agricultural College, Fort Collins, Colorado, July 21 to August 26 inclusive, in coöperation with the American Red Cross.

Prominence is given to the theory and practice of teaching. The required program consists of two courses: Principles of Teaching, which itself is a prerequisite to the second, Methods and Presentation of Home Hygiene and Care of the Sick. In the first course are included development of the principles of general method, differentiation of the various types of learning and teaching, such as recitation, drill, assignment, questioning, projects, socializing exercises, selection and arrangement of subject matter in the terms of the learner. Under the second head, the course covers lectures, demonstrations, observation and practice teaching on subject matter based on the Red Cross textbook. It is a practical application of the educational principles studied in Principles of Teaching.

Applicants must be graduate registered nurses, with a preliminary education of a four-year high school course or its equivalent. Graduate nurses having satisfactory professional and personal qualifications, whose general education has not included a complete high school course, may be admitted at the discretion of the Director of Home Hygiene and Care of the Sick, American Red Cross. Living accommodations for the six weeks range from $65 to $75; approximately $15 will cover miscellaneous expenses; tuition, including the required program and one elective, averages between $12 and $15.

International Courses

MAPS, to some of us, are among the most fascinating objects in life. There is one covering a double page in a pamphlet just issued by the League of Red Cross Societies which tells at a glance an interesting story. The whole world lies spread out before the eyes and from a center, which happens to be London, England, radiate a number of lines terminating in circles or squares in thirty-eight different countries of the globe, ranging across east and west, north and south. It shows that over one hundred international students of the Course in Public Health for Nurses and the Course for Nurse Administrators and Teachers in Schools of Nursing have striven to perfect themselves in knowledge that will aid the cause of public health in their own lands. Six of them have been awarded League certificates for special work.

The eighth Course in Public Health for Nurses and the fourth Course for Nurse Administrators and Teachers in Schools of Nursing, offered by the League of Red Cross Societies in

conjunction with Bedford College for Women, University of London, and the College of Nursing, London, will open on August 1 next and will continue until July, 1928. The session is divided into three terms averaging ten to eleven weeks each, with two weeks' vacation at Christmas and Easter. Two months, August and September, are devoted to practical work and observation in hospitals or with public health organizations preparatory to the Courses. Further practical work in England or other European countries will be arranged if nurses so desire.

The cost of the course including tuition, books, excursion and incidental expenses and residence at the charming international club for nurses, 15 Manchester Square, established by the League with the assistance of various Red Cross Societies, comes to £250, or approximately $1,220, at the rate of exchange now ruling. This figure does not, of course, include travel expenses to and from London.

Nurses who must be at least twenty-one years of age, will be accepted in the course from societies interested in nursing, provided the request is approved by the National Red Cross Society.

Refugee Work in Bulgaria

HAZEL A. GOFF, Director of Nursing at the Sofia School of Nursing, Bulgaria, gives an interesting glimpse into the work of the Red Cross missions in that country which are trying to alleviate suffering among the refugees. These number 200,000, concentrated in camps. To establish them on the land, the League of Nations is guaranteeing a loan to the Bulgarian Government of nearly $11,000,000, but as this is earmarked for a specific purpose, their needs at the moment have to be met. Food kitchens are being maintained, to the funds of which the American Red Cross has contributed $35,000. Clothing is also being sent through the efforts of the volunteers who do such excellent all-the-year-around work for the Production Service. The British Red Cross sent two nurses; the French Red Cross, three nurses; the Swedish Red Cross, a doctor and two nurses; and the Italian Red Cross, two nurses. These are some of the missions to which Miss Goff refers.

I have become quite international this fall (she writes) for I have entertained German, Belgian, Hungarian, French and Swedish nurses. Some Italians are in the city now whom I have met and I hear an English mission is coming. I like the Hungarians. They are both splendid, practical women. It is very amusing because I do not know a word of German and we have to talk Bulgarian, much to the amusement of the Bulgarians. One nurse who was here during the war knows about as much as I do.

At present a Danish officer, Captain Knudtson, has been sent down here to oversee their work. They have opened soup kitchens and ambulatoria in the various districts where most refugees are gathered. The nurses are feeding and working chiefly with the children. They have no easy time and what they would have done without the money from the American Red Cross I have no idea. In many districts the mortality among the children has been fifty per cent. Most of them have only corn enough to live on to February. So that money was a Godsend, because the money from the League of Nations loan can only be used for seed, implements, etc., and will not be available until the spring.

Down in Petrich they had a fire and Sestra Eoja told me that the parents let the children burn, rather than see them starve to death.

Nursing in Albania

SINCE February 16, 1922, when she was transferred to the Vocational School at Tirana, Albania, operated by the American Junior Red Cross with funds drawn from its National Children's Fund, Elena Nicholas Trayan has given devoted service. She went to Albania in 1921 under the American Red Cross Commission and was transferred from Durazzo. Enrolling in the American Red Cross Nursing Service in

1921, she is a 1920 graduate of the Massachusetts General Hospital. After mentioning the fact that a woman doctor is expected from England, sent by Lady Carnavon, to take charge of the Dispensary and distribution at the Milk Station—incidentally the doctor has volunteered her services and the Albanian Red Cross is providing maintenance—Miss Trayan gives a most interesting idea of the work at the Dispensary:

Every morning I go to the Dispensary at 9 o'clock or 9:30. The people with whom we deal have no idea of time kept by the clock. They watch the sun and so we really start work at ten or later, finish at noon, and in summer time we have to start at seven a. m. Anybody who needs help, moral or physical, comes to the Dispensary; anybody in trouble, no matter what, comes to the Dispensary. Many of the women, still thinking it is American, believe they will find comfort of some kind. We try not to disappoint them. Here in Albania are no charity organizations or employment bureaus or anything of that kind. As we are naturally social animals, we need the help of our fellow members, so it is not strange or unnatural that they come and we are only too glad to do what we can and help in any way we can. It is almost five years since I came to this work.

Our Dispensary is more or less general and I come across all kinds of things; for example, a mother brings a child who has a burned arm. The baby fell in the fire while the mother was washing the laundry. If the doctor is not in, and no one knows when he will come, I am allowed to treat the hand and ask the mother to come again to see the doctor and have the dressing changed. This is a good thing because of the psychology of the people. It is better to give a spoonful of castor oil to the child than have the mother go back, probably walking two hours each way, without any kind of treatment. When we do something for the child—when the doctor is not in—and it does not matter how small it is, the mother is given courage and will try to come back. It is fortunate that the doctor allows me to use my judgment, for if she is told, "No doctor today, come tomorrow," she will never come back. If a baby needs a bath, I go ahead and give it, teach the mother how to do it, dress the baby with new clothes (American layettes) and the doctor has a clean, nice baby to examine.

For the last six weeks I have been alone in the Dispensary with an old woman to help me with the cleaning up, water, etc., and the doctor comes, when called, to examine patients. . . . . It will be wonderful when the woman doctor comes. I have so many places to take her to—women who will rather die than see a doctor or when the husbands do not allow their wives to see a man doctor!

The milk is distributed every morning. Three times a week there is a consultation for the babies and a French teacher and her pupils are present, learning methods. I do not know what method she uses but I do know that her girls speak French quite well. It is good to see their interest.

Item

ELISE B. MOSER, who has been Directress of Nurses at the Haitian General Hospital since June 20, 1924, writes Miss Noyes (who is back at her desk nearly her old self after a trying month's illness) that the Christmas party for graduates and student nurses was a success. Comfort bags sent down from Washington gave a great deal of pleasure. "One of the nurses," says Miss Moser, "was too sick to attend and when I went to see her after the party, I found her going through her bag with a beaming face." Nine probationers had just been capped, two of whom were French nuns. Another was beginning her three years' course in midwifery. These are the first nuns to take nurses' training in Haiti. Nine probationers were accepted on December 31 at the end of the fall probationary period; and for the spring class, seven were enrolled, all that could be accommodated in the available dormitory.

A Missing Brother

EDNA R. BURGER, 315 Peffer St., Harrisburg, Pennsylvania, asks nurses in hospitals to watch for a missing brother of hers among patients whose identity has not been established. He has strayed away, following a nervous breakdown, and it is thought he may have been taken to some hospital, far away from home. He is forty-five years of age and has blue eyes and gray hair. Miss Burger will greatly appreciate any help in finding him.

Questions

The editors will welcome questions and will endeavor to secure authoritative answers for them.

11. What preparation should a nurse have for county work and how should she set about obtaining it?

Answer.—Any nurse who wishes to do any type of public health nursing needs some special preparation. Nurses are trained to care for the sick but in most hospitals, even at the present time, little if any training is given in the prevention of disease or in any of the means of health promotion.

The best start in public health nursing is through staff work under supervision and instruction of experts. This enables the nurse to become familiar with the details of contacts in the home, personal and family health work, recognition of social problems, coöperation with other agencies, conferences and group teaching, and the like. Often a course in the principles of public health nursing can be taken at the same time, if a University giving such a course is near. In rural sections, the nurse usually is not only responsible for all phases of health work but she is frequently the only person able to mobilize the community resources and it is often necessary for her to assume a sort of community leadership.

Because of this, the usual requirement for county nursing is one year's experience on the staff of a well organized public health nursing association which has a definite program for staff education and four months (preferably one school year) in an accredited course in public health nursing.

Further information, as well as lists of accredited courses and of available scholarships, can be secured free from the National Organization for Public Health Nursing, 370 Seventh Avenue, New York.

12. What is the accepted practice in giving morning care to patients and, in particular, at what hour is it started?

Answer.—Morning care really involves two procedures, one performed before and one after breakfast. The following outline is fairly typical:

A. Before breakfast:
   1. Bedpan is passed.
   2. Mouth cleansed.
   3. Face and hands washed.
   4. Pillows shaken and top covers straightened.
   5. Back rest, where used, is adjusted.
   6. Bedside cabinet arranged for breakfast tray.

   After breakfast:
   1. Bath, back rub, care of nails.
   2. Clean gown, bed made, linen changed as necessary.
   3. Hair combed.
   4. Leave clean face towel and washcloth in drawer in bedside cabinet.
   5. See that cabinet contains the required articles and is in order.
   6. Supply pitcher of fresh water and a clean glass.
   7. Supply some mental occupation.
   8. Adjust signal cord and leave within reach.
   9. Record and report any significant symptoms noted.

B. All patients in rooms and those who are acutely sick in wards receive a daily bath. The ward patient whose convalescence is well established is bathed every other day. This is the only difference in the care we give our room and ward patients.

The real problem underlying this question is one of the most difficult administrative problems that confronts the director of a nursing service. It involves the comfort of the patient, especially the patient who dislikes being awakened early. On the other hand, unless the hospital has a very large corps of nurses, and if medical rounds begin late, it is a practical impossibility to avoid a conflict of medical and nursing care, if morning care begins late. One hospital requires its wards to be settled by 8 p. m. and morning care begins at 5:30, thus assuring patients ten and one-half hours of quiet. Since the house staff at this institution begins rounds at 7:30, the nursing service is obviously doing its very best under the circumstances.

Two-thirds of the hospitals answering our question begin this care, in the wards, at 5:30 or 6. Several are even more specific and state "not before 5:30." The other answers vary. It is obvious that visiting hours influence them. A definite effort to delay awaking patients is indicated by all. One, only, states that morning care begins at 7 and private patients are not wakened. It is to be noted, however, that this hospital has an unusually large number of special duty nurses.

The Night Nurse and Health

By Marjorie L. Crowley

St. Joseph's Hospital, Milwaukee, Wisconsin

IT was just an ordinary hospital, with the general routine usually followed in all hospitals—not large, but enough to keep a night nurse on each floor pretty busy,—a hundred little trips to take, a thousand kindnesses to do, and that for three months with a smile and cheerful remark for each sufferer. Seven to seven, with three hours off, and strain the other nine. Our seven nurses were a study by the time the new shift had been on a week and had had this experience. Every morning five crept, worn out, into bed, to snatch the few hours' sleep available before rising for an afternoon class. By eight, five weary heads were snuggled deep in blankets and two beds were untouched, save for uniforms thrown at random,—and nine-thirty was the ruling hour for retiring. By nine-thirty all beds were filled. Curiosity prompted us to observe this circumstance. Seven o'clock showed seven nurses at the breakfast table; seven-fifteen, and two were already missing. By seven-thirty, any one watching the night nurses' quarters could see the two missing ones stride out with tennis shoes and racquets, while the other five crept in, eyes dark-ringed and tired looking. At nine-fifteen, the two nurses whose pep prompted tennis, would come striding and dancing briskly through the outer gate, eyes dancing, cheeks glowing and blood tingling, as if they had had twelve hours' sleep and hadn't a care in the world but to smile. They had more pep on the floor, were not as nervous, and at the end of the term were vigorous and showed no loss of weight. It brought up the question, —What was the matter?

It could be plainly seen; the two tennis players, by indulging in an hour or more of hard tennis, forgot their nightly grind, put all their efforts to the game, and thus exercised and enlivened their tired bodies. They kept up the vigor that the others had lost and preserved their health of both mind and body. By nine-thirty, they were ready to go to bed and sleep soundly, while the others complained of disturbing dreams and restlessness. What they deemed rest was really work, and the two athletes slept and rested and worked and exercised as if they had been on day duty.

What the nurse needs is to get her mind off her work, for hers is a mental as well as a physical strain. A change is a rest, and no matter how strenuous tennis may be, it takes one's mind completely off the patients and rests the mind while it exercises the body. Even a brisk twelve-block walk sends the blood tingling through every capillary, even if the nurse *is* on her feet such a good share of the time. Sufficient exercise and diversion will banish that worn look, that inclination to be just a little impatient and nervous, and it will prove to us that not only some, but all of us, can stand our night terms beautifully.

Mechanical Service

By Elveda Walton

Latter-Day Saints' Hospital, Salt Lake City, Utah

EACH day hundreds of broken-down, damaged automobiles are taken to the repair shop; where a trained mechanic changes the broken metals to bright, perfect auto bodies, wooden or steel frames are rebuilt and mended; soiled or torn leather and cloth are exchanged for clean, new materials; then two or three coats of paint are added and the car comes out bright, and in good condition, a credit to the skillful trained mechanic.

Each day afflicted souls come to our repair shop to be made whole again. Are we merely trained mechanics? No, —we are dealing with far more precious materials than wood, metal or cloth, we are dealing with the spiritual children of our Creator, and the tabernacle of flesh and bone, where that spirit dwells. In all we are dealing with the souls of men.

We are with our fellow-creatures in their deepest hour of trial and stress, when that which is deepest and truest in them comes to light. Their soul hungers for tenderness, kindness and sunshine, which should be ours to give. Mechanical service as displayed on the automobile, could perhaps heal the body, if there were no soul within; but there is a soul, which is inseparable. Many nurses forget this soul, and with cold indifference follow out the doctor's order, for the benefit of the body, while the hungry soul is dying for tenderness. Try to read, not only the doctor's orders, but the human soul as well; and remember that soul suffering cuts deeper than physical suffering. The financial part is so tiny, when you can see through the veil of our high calling.

The nurse's temperament and attitude of mind can either make her callous and cold, or ennoble her. If she will perform her calling in the same spirit as that the Master possessed, as he went from place to place, healing the sick, relieving the sufferer, and blessing all who were in need,—not for worldly gain, but for the deep love He had for all of God's children, then she will find that great calm, deep happiness, springing from the depths of her soul. It will not only radiate to all with whom she comes in contact, to bless and heal them, but it will bring its own reward to her, for the more soul-felt service you give, the richer you become. We are as the crude ore which goes through the smelting process, being tried over and over again; and it is for us to say whether we shall come out as dross or as gold.

My Aim

By Ruby Painter

Oil City Hospital, Oil City, Pennsylvania

DO you use a little tact
On your way?
In your work, it will come
In good play.

Get in sympathetic touch
With each patient—loving much.
Use both mind and heart, in fact,
Be both wise and kind—that's tact.

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

A Correction

WE wish to direct your attention to an error made relative to Missouri on the annual certificate. Missouri annual re-registration requires only those practising within the State to take out the annual certificate. Those not practicing within the State, or residing without, remain in good standing with this Board and may at any time file for an annual certificate and begin practising. In 1921, some of the nurses holding a Missouri certificate of registration failed to transfer said certificate into a license. The time limit for this transfer to be made was six months. This was a mistake which we have regretted, as we find a great many nurses failed to make the transfer and are now required to take the examination in order to become licensed. It is possible that this is the reason that Missouri is listed "by examination" on page 117, the February number of the *Journal*.

Jannett G. Flanagan, *Secretary,*
Missouri State Board of Nurse Examiners.

From the Near East

AS for epidemics, so far we have had only one, measles,—which however we have succeeded in keeping out of the orphanage. This I attribute to the help I am getting from our native nurses who have graduated from our own training school. I have appointed a public health nurse for the post and as this is the first appointment of this kind with the organization, she is quite proud of her position, and is certainly a wonderful help to me. She was, as are most of our nurses, a former inmate of the orphanage and then graduated from our training school. When we see results of this kind, it helps us to realize that our efforts are not in vain.

Leminahan Edna F. Steiger.

The Sovietization of South China[1]

THE Hunan-Yale School of Nursing, the Hunan-Yale College of Medicine, and the college of Yale-in-China, with its preparatory department, embracing a total student body of 500 and faculty of 60, have closed indefinitely. It is all quite patently Soviet propaganda, and the older and wiser heads of the community who see everything good ruined, are very sad. For not only Yale-in-China, but all the Christian schools of the great province of Hunan are closed, too, and the Chinese are suffering much worse than any foreigners. As the course of events is so similar wherever the Reds gain a foothold, it may be of interest to describe it. It started in Changsha only after the advent of the Soviet Consul, and a connection with young students was seen. The Soviet Consul and his emissaries, the disgruntled and recalcitrant in the community, work up a clever chain of promises, which deceives everyone with a grievance, skillfully turns hate and the blame for things wrong to outsiders and the respectable in the vicinity, and organizes everyone into a Union—coolies, laborers, farmers, domestic servants, clerks, students. Then seizing on local variations in objections to the status quo, they get the various unions, both separately and in conjunction, to make use of the first pretext for opposition, and "make demands," and have strikes,—all to further Communist principles, and gain control of government by the Unions, not to gain benefit for the Union members.

The laborers' demands all include:

1. A statement of grievances and "oppression by the imperialists," most of which has little basis in fact, and all of which, in each town, is couched in the same language—a translation from Red Russian, inapplicable to China as the Red flag with the Russian sickle and hammer, of a form never before seen by the Chinese, but carried now in all processions, and hung over labor offices.

2. Demands for higher wages (most of which increases then go to the Union, and are often made away with by the custodians, thus cooling later ardor). Often clothes are included in the wage demands—so many suits a year, shoes, etc.

a—An increase of wages each year, whether or not the employee has been doing good work.

b—Double pay for the last month of the year, to serve as a New Year bonus.

c—Liberty to join in all patriotic celebrations, which include almost daily parades. Double pay is often asked for the employee who stays at work on these days. In a few

[1]For this letter from the President of the International Council of Nurses, the editors have waived the rule requiring letters not to exceed 250 words.

places a representative is allowed to represent a group, as the servants in a family, or in one unit of a hospital. If one representative does not go each day, the whole group is fined, after roll call at the parade grounds. One Chinese family we knew kept a special coolie just to go on parades, so the others could get the household work done.

3. Demands for "freedom of speech, publication, strike."

4. Demands for recognition of the Union by:

a—Not allowing an employee to be reprimanded, discharged, work changed, without consent of the Union.

b—Not allowing any non-union employee to be engaged.

c—Demanding a monthly donation to the Union by the employer, and provision of office space for the Union.

5. Schools for the employees, maintained by the employer, who could, however, make no discrimination against the employee who did not attend such school.

6. A maximum of 54 hours a week of work (if they would only work that 54 no one would mind).

7. Holidays with full pay when family weddings, funerals, illness, require. The substitute employee is to be chosen by the employee, not the employer.

8. Care during illness, and remuneration (of approximately two years' pay) if the employee should die, given to the family.

9. Vacation with full pay each year, the length varying locally. If the employee does not take this vacation, he is to be given double pay for that period.

10. Crimes of employees justiciable by the Union, not courts of law. And the employee is always acquitted, and the employer blamed for employing such a person.

11. Labor represented in the management of the business.

Other demands vary in each locality, but these represent the Soviet principles.

If by any chance, the powers that be are able to initiate some sort of a modus operandi with Labor, the next unstable body is heard from—clerks, or young students. Primary students are organised by the teachers, and forced to "make demands." College and professional students only come in on great pressure at the end. Those who refuse are marked, during the life of the Red Government, and have no future, wherever the Reds are in power. It is very pathetic for the older ones who want to continue their studies. The "party" will have no members over thirty-five years old, and experience is a positive bar to membership or office, as they want only fertile soil for their propaganda, not anyone who can think. The Yale College students only half-heartedly made a few demands, and then begged for a vacation, so that they need not make trouble. The medical students outvoted the Radicals, and carried on to the end of the fall term, but could not start the second semester, realizing the pressure. So that our whole faculty is scattering, as is the student body.

Any small pretext will be seized upon, and "demands" sent in—all to be answered within usually 24 hours, sometimes 12, under threat of strike. The students' demands, with local variations, include the following principles:

1. Recognition of the Students' Union, which allies itself with the Labor Union, "because labor is honest and downtrodden, and we must all help each other." A surgeon is considered a teacher, in the classroom, perhaps, but a laborer in the operating room.

2. Liberty of publication, speech, strike.

3. Representation of students, with voting power, on the governing body of the school.

4. No acceptance, reproval, or dismissal, of a student without the consent of the Union.

5. A certain amount of money to be contributed by the school to the Union each month, and office space provided for its activities.

6. No dean, or principal, of a school, but government by committee, said committee to include the younger and less responsible members of the group.

7. All student organizations to be under the Student Union—so that literary clubs, athletic associations, Christian Associations, can function only as sub-committees of the Student Union.

These of course are trade union principles, and sufficiently expose the educational desires of the Soviets.

If the students realize that study is their principal duty during student days, and try to do that, instead of to Sovietize their schools, very heavy pressure is put upon them by the Labor Unions, through the Central Student Union of the city and province. Such pressure includes threats of reprisal against families, beating of students themselves, parading through the streets with a dunce cap and insulting inscriptions, confiscation of effects, and occasionally imprisonment, as a hostage for the acquiescence of the school authorities. These methods are carried

out often enough to be more than empty threats, and have considerable effect by suggestion. One of the most generally used means of compulsion, and also of satisfying old grudges, is to call a man "anti-revolutionary" if he does not join in heartily with all these means of destruction. He then becomes the victim of scurrilous attacks, in the newspapers and elsewhere, is hounded by the party, and usually has to leave town and try to lose himself. Sometimes he is imprisoned. The Tcheka is beginning.

These principles, applied to a school of nursing and a hospital, naturally make for very poor morale. Imagine your staff decimated by constant parades, or strikes, when your wards are busiest. Imagine their having the right to demand incessantly higher wages, all for the benefit of the Union. The application of such principles, wherever the Red Government has come into power, from Canton north to the Yangtse River, has resulted in closing hospital after hospital, school after school, representing capital gifts to China of millions of dollars. And the method, and the demands, in each case, have been the same in all essentials. The history of one might have been the history of any other. No one would work, the hospitals became very dirty, the patients suffered—in some cases died from the picketing of the hospital and the refusal to allow food supplies to enter. The Union people were very rude to patients and staff. "It is the Revolution, one does not have to be a gentleman," was the frequent expression. It can never make for good morale to have the unintelligent in control, as is the Soviet policy everywhere. "All men are born equal —adapt your methods to the weakest intellects" does not make for progress.

When the young pupil nurses tried these tactics, as they were deluded into doing in many hospitals, the graduate nurses and Senior nurses refused to participate, and to their everlasting honor, stuck to their patients as long as possible. When pressure became more than humanity could bear, and their actual care of the patients was interfered with, they slipped away, often by night, sometimes discarding baggage as less important than principle, and would lend no countenance to such unprofessional conduct. Senior pupils gave up final examinations and prospects of diplomas. Medical students were loyal to the end, even to providing escort for patients and faculty through picketing lines of probationers, trying to prevent the exit of baggage. All the Sovietization was done by young probationers, inspired and assisted by the few dissatisfied ones always present in any institution, who in their turn had been inoculated with the Soviet Communistic poison.

The Soviet principle is "government by a well organized minority," and this was carried out everywhere. Often many of the students would not know what demands had been made on the authorities, and disapproved of them when they learned of them. Thinking members of society saw where such a course of action was leading, but their voices were drowned by the noisy minority. As one weeping Senior put it, when slipping away, "You said if we had courage we could oppose and overcome them, but they spoke so loud they would not let us be heard." With no police power, or government behind the school authorities, there is no recourse when people refuse to study but to be "unimperialistic," and withdraw. So hospitals and schools have closed, or where that was impossible from possible riots, turned over to the new government, support withdrawn, and the faculties and staff find occupation in new fields.

This *Sovietization in Changsha has resulted within three months in wrecking agriculture*—the farmers cannot pay their workmen the wages demanded, especially when the price of foodstuffs is kept artificially low to meet the demands of the townspeople (Russia over again); *in wrecking business*—for industry cannot stand incessant raising of wages, even to such demands as dividing 50 per cent of gross receipts among the clerks. At least 50 per cent of the shops in Changsha are closing; and with the nationalization of wealth, wealth has melted away just as it did in Russia; and *in the wrecking of education*—all of the schools are closed—Government ones for lack of funds, private ones for student strikes and impossible demands. The new requirements for registration of schools, allowing government interference whenever there is "mismanagement," requiring only "party men" to teach many subjects, etc., will prevent the reopening of many schools until a less faithless government is in power. It is the tragedy of Russia repeated, complete in every detail as given by all eye witnesses, and all books which one can read on the subject of the Communist Revolution—government by a noisy minority of the dregs of the community; banishment of the better and more intelligent members of society; economic compulsion; oppression of anyone not actively supporting the Communists; annihilation of all the

previous good and reputable agencies; the "party," the labor union, the government, forming an interlocking directorate. Anti-religious propaganda has also not been lacking to complete the Communistic copy. Christianity, Buddhism, Taoism, have been equally attacked, and the poor people who have been made cats-paws do not know enough history and psychology to know that such attempts always fail, and are failing now in Russia. "Religion is the opium of the people" has been translated freely. Witness a New Year's card of greeting printed and circulated:

DOWN WITH CHRISTIANITY

1. Christianity is a tool of world imperialism.
2. Christianity is not scientific.
3. Christianity helps to subject the weak nation in slavery.
4. Christianity fools the feeble-minded, young students.
5. Christians conspire with despicable vagrants and outlaws.
6. Christians taking the advantage of unequal treaties influence lawsuits.
7. Christians occupy Chinese premises by force.
8. Christians intervene with the freedom of matrimony.

A CLEAN SWEEP OF ALL CHRISTIAN INFLUENCES IN CHINA.

The anti-family attitude is also purely Soviet, not Chinese. A "Children's Union," with the watchword, "Down with fathers and mothers," was formed in one town. As the young and pitiable adolescents now phrase it, "Not the family, but the government has the authority now." Think of this in China, the land of filial piety!

The Labor Unions have taken over control of government, courts, finances, until no one dare say them nay for fear of riots and persecution. In Changsha they even took over poorhouse funds, and turned the inmates on the streets, and forced out of town the man who has unified the charities for years, prevented duplication, made things constructive.

We nurses can help in this world crisis by clear thinking—refusal to be misled by high sounding phrases, insistence on government by the fit, not the unfit, members of society trying to satisfy old grudges. Nursing principles have always been to give ourselves for others, not to get profit. We must be more than careful that we are not led away through language by those who would prevent our best work, and bring out our worst selves. These forces are trying now to make themselves paramount in every country, under one form or another, disguised under the lofty sounding titles of "self-determination," and "freedom." We must help to translate "freedom" correctly, not as "license"; to penetrate disguises; and to do our bit in withstanding attempts to overthrow the foundations of society, liberty, real government.

Nina D. Gage,
President, International Council of Nurses.

Who Will Pass on Her Journal?

MANY of our students (from the International Course in London) when they return to their own countries are anxious to have copies of the *American Journal of Nursing*, but they are not generally able to subscribe to it on account of the difference in the exchange. I wonder if you would be able to put some of your readers in touch with our students, if they would be so kind as to forward their copy to a student when they have finished with it. The fact of the *Journal's* being a month or two old would make no difference to the "Old Internationals"; they would be delighted to have copies in any case.

Paris Mrs. Maynard L. Carter,
Acting Chief, Nursing Division League of Red Cross Societies.

(The *Journal* is asking for definite names and addresses of those wishing copies of the *Journal*. These will be furnished on request to those willing to forward their copies after reading them.)

Journals on Hand

Louise Perrin, State House, Denver, Colorado, has a complete set of the *Journal* from the first issue, unbound. Any school wishing to purchase this set should communicate with Miss Perrin. She has also some duplicate copies from the years 1909 through 1922.

Elizabeth Huyett, Lonauna Hotel, 30th and Forest, Kansas City, Mo., has copies of the *Journal*, 1924-1926, which she will send for postage.

NEWS

[*Note.*—News items should be typed, if possible, double space, or written plainly. Great pains should be taken with proper names. A death notice should be checked in every detail, for accuracy, before being forwarded, and the sender's name should be attached. All news items should be sent to *The American Journal of Nursing*, 19 West Main St., Rochester, N. Y.]

The American Nurses' Association

DIGEST OF MINUTES OF MEETINGS OF THE BOARD OF DIRECTORS, JANUARY 17-22

Impetus was given to the development activities of the American Nurses' Association, substantial aid was voted the Committee on Grading of Nursing Schools for the grading program for 1927, and many other decisions of great importance to nursing were made at the January meetings of the Board of Directors of the American Nurses' Association. A digest of the minutes follows:

Membership Card Suggested

At a meeting of the Headquarters Committee, Janet M. Geister, Headquarters Director, reported on plans for herself and her staff. The suggestion was made that a card or emblem indicating membership in the American Nurses' Association for one year be adopted by the American Nurses' Association. Susan C. Francis, chairman of the Headquarters Committee, who had met with the Finance Committee in Boston, reported recommendations that a total amount of $24,806.08 be requested, $11,306.08 of the amount to be used for maintenance and $13,500 for development.

States Asked for Information

At a meeting of the Relief Fund Committee, it was moved that a statement be sent to each Relief Fund Chairman asking for the total contributions for the year 1926, sent to the National Relief Fund, the total number of benefits paid to nurses resident in each state during that period, and the total membership of each state during the year.

At the meeting of the Board of Directors held January 18, reports of Miss Geister, of Edith J. L. Clapp, field secretary, and of Elise Van Ness, publicity secretary, were read and accepted.

Help Given Grading Program

Following recommendations made by the Finance Committee, the members voted to allocate $2,000 of the unappropriated budget to the Grading of Schools for 1927, and $2,000 to field service. A motion was also made that part of the Government Bonds in which the American Nurses' Relief Fund has $64,000 invested, be sold and re-invested to advantage. The Finance Committee was also given authority to invest $10,000 of the funds now in the Savings Bank.

Bills Are Endorsed

Endorsement was voted of the Child Labor Amendment, the World Court, the Re-classification Bill, the principle involved in the proposed legislation to equalize the nursing services in all the government departments of the United States. The Board also endorsed the principle involved in the Bill on weights and measures, with the qualification that it does not give active support to the measure now before Congress.

It was moved that a communication be sent to the Civil Service Commission asking that until such time as a nurse can be appointed to the Civil Service Commission, all civil service examination papers for nurses be sent to the Headquarters of the American Nurses' Association for review and evaluation, without charge to the Civil Service Commission. The Headquarters Director was empowered to ask the National Tuberculosis Association about the possibility of a study being made of tuberculosis among nurses.

Committee to Build Grading Fund

At the meeting of the Board of Directors on January 20, a motion was made to adopt the recommendation of the Joint Boards that

a committee of nine members, three from each of the nursing organizations, be appointed to build up funds for the Grading Program. The committee was to appoint its own chairman, secretary and treasurer. The President was empowered to appoint the three American Nurses' Association representatives.

At the recommendation of the Committee on Endorsements, the Board Members referred officials of the Woodrow Wilson Foundation Essay Contest to the Journal, voted to acknowledge with appreciation informational material received from the R.O.T.C. and approved answering the questionnaire of the American Medical Association.

At the meeting of the Board of Directors held January 21, the decision was made that the Committee to Study the Status of the Colored Nurse hold a joint meeting with a committee from the National Association of Colored Graduate Nurses at the time of the convention of that organization at Tuskogee.

Magazine Needs To Be Studied

Adoption followed of the recommendation of the Joint Boards that a committee representing all parts of the country be appointed by the three presidents to study the type of magazine needed by the nursing profession.

Favorable action was given the recommendation that a letter be drafted by the three presidents of the nursing organizations expressing appreciation to Mr. Harmon for his interest in nursing, but asking for delay in carrying out the plans until the proposed advisory council is convinced the plans will carry out the object he desired. The President was empowered to appoint the American Nurses' Association representatives on the committee of nine recommended, one of each trio to be an employer of nurses, a hospital trustee, a member of the board of directors of a visiting nurse association, and one a private person employing private duty nurses.

The American Journal of Nursing's definition of an Official Registry was adopted; "An official directory is one which is conducted under the auspices of an association affiliated with the American Nurses' Association and whose registrar is on salary."

Headquarters Is Active

It was reported that 355 copies of the List of Schools Accredited by the State Boards of Nurse Examiners had been sold. A total number of 42 meetings were held in the New England States and 1,372 students addressed by Miss Clapp, field secretary. News releases sent to newspapers and magazines, special articles and the continued publication of *Anagrams* was reported by Miss Van Ness.

Relief Fund Grows Rapidly

The report of the Relief Fund Committee showed that 25 benefits had been allowed since October 1926, and 91 during the year. Contributions for 1926 totalled $29,065.76 and the total amount paid to the beneficiaries was $20,070. The income from the fund investments was $4,370.37.

In the report of the Committee on Convalescent Homes, it was revealed that almost no opportunity is given nurses for free convalescent care.

Other reports were given by Clara D. Noyes, delegate from the American Nurses' Association to the Pan Hellenic Association, by Mary M. Roberts, chairman of the Public Information Committee, Miss Noyes, chairman of the Committee on the Pantheon de la Guerre, Dora M. Cornelisen, chairman of the Committee on Revision, and by Jane Van De Vrede, chairman of the Affiliating Committee in Coöperation with the National Association of Colored Graduate Nurses.

League Members in Every State Make Plans to Trek to California in June

Fascinating to visitor and resident alike ever since the days of '49 when the gold frenzied hordes seized them, California and San Francisco will be the mecca of the National League of Nursing Education this summer when the annual convention is held there June 6 to 10. It has been said that one of the reasons conventions meet is so that they can be held in California. Reached by fascinating winding roads through snow capped and rocky mountains, by routes through colorful Mexican cities, through the beauties of many national parks, through the vastness of the prairies and the lake regions, or by 3,000 miles of sea and glittering canal,—you pay your money and you take your choice. California can be reached by any one of 50 ways.

Alpine Scenery in Canada

On the Canadian Pacific, you will see 600 miles of Alpine scenery, looking like 50 Switzerlands rolled into one, and you will have all the thrills that go with snow peaks,

rugged precipices, waterfalls, torrents and lakes set in pine clad mountains. You can climb to the Great Divide and follow the Kicking Pass to the Columbia River.

Blackfeet Indians May Be Met

By the Great Northern with its giant oil-burning locomotives, you will be carried through the glorious lake country and the prairies of the northwest on into Glacier National Park where you may meet the Blackfeet Indians. Yellowstone Park will be one of the landmarks if you go by way of the Northern Pacific, and you will feast your eyes on geysers, rainbow-hued terraces, mountains, pools, lakes and primeval forests.

How about the Grand Canyon?

Or you can explore the Grand Canyon with the Santa Fe and take the Indian detour into the Pueblos of the southwest. A gigantic gorge over 200 miles long, nine to thirteen miles wide and more than a mile deep,—that Grand Canyon is well worth seeing. At the bottom of this gorge you can follow the mighty Colorado River, looking like narrow silver thread at the bottom.

Covering the shortest route by many miles, and known as the longest electrified railroad in the world, the Chicago, Milwaukee and St. Paul railroad will take you through the wonderful scenic attractions of the Pacific Northwest, especially Rainier National Park near Tacoma, containing one of the largest glacial systems in the world and the second highest peak of the North American Continent.

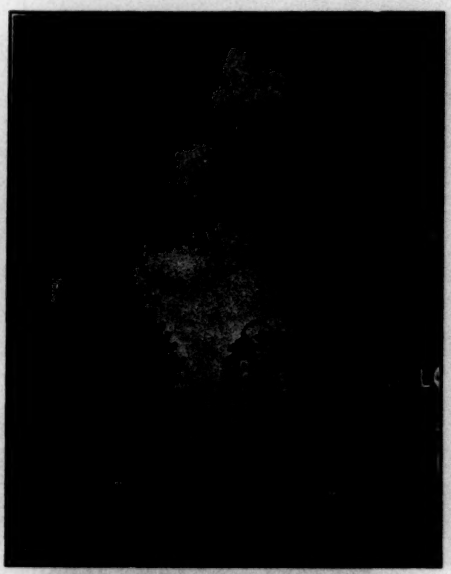
Crossing the Wide Open Spaces

The real country of the middle west is seen on the Chicago and Northwestern road from the plains of Nebraska to the open country of Wyoming. Omaha, Cheyenne, Ogden, Denver, Colorado Springs, and Salt Lake City, some of the metropolitan centers that have helped build the western country, will be visited on the way.

Beyond the Mexican Border

If you are interested in the southern country, there is the Southern Pacific running parallel to the southern border from the Mississippi to the Pacific Ocean and penetrating Mexico for 1,500 miles. On the way you can see wonderful New Orleans, San Antonio and the Apache Trail.

The Burlington road will swing toward Denver thence the Rio Grande to Salt Lake City and the Western Pacific to San Francisco.



Mysteries of the far away Orient are found in San Francisco's Chinatown and its 15,000 inhabitants. The restaurants to be found there, josh houses, curio bazaars and unusual shops fascinate the resident and visitor alike. This is said to be the largest colony of its kind on the North American Continent.

For $18 over the regular summer rate, you may have a trip via Yellowstone, Rainier Park, Seattle, and Tacoma.

Ciudad Juarez, across the Rio Grande River, a highly interesting foreign city, you will be able to reach by street car fare from the border if you choose the Rock Island route.

Taking to the Sea

And then there is the wonderful Panama-Pacific line with one way water, one way rail, possibilities and with the chance to see at close range Havana, Cristobal, Balboa, San Diego, and Los Angeles. You will explore the city of half a million, Havana, and will be able to visit also those other Spanish monuments to Columbus, Cristobal and Colon, the former the Atlantic Terminal of the Canal. The Panama Canal, one of the marvels of the age, will be viewed by daylight.

Summer Fares Make Trip Attractive

Summer fares on all the roads make the trip to the convention city within easy financial

reach. From the rate of $138.32 from New York to the $90.30 listed as the round trip fare from Chicago, the summer rates put a vacation glow on the journey. The round trip summer rates from the principal cities are as follows:

Boston	$147.66
New York, N. Y.	138.32
Philadelphia	133.14
Washington, D. C.	130.45
Pittsburgh	113.01
Albany	133.20
Syracuse	124.69
Rochester, N. Y.	120.07
Buffalo	116.10
Detroit	101.70
Cleveland	105.65
Cincinnati	101.15
Indianapolis	95.50
Chicago	90.30
St. Louis	85.60

The charges for lower berths from New York and Chicago are $32.63 and $23.63 each way. Your local agent will help you plan your itinerary.

Hotel Offers Special Rates

Special rates for the League Convention have been offered by the Clift Hotel which has been selected as the convention headquarters. Rates during the convention days will be as follows:

Single room with bath, $3.50, $4.00 and $5.00.

Double room with bath, $6.00, $7.00 and $8.00.

Convention as Good as Scenery

You will find the convention waiting for you at San Francisco as stimulating as the scenery along the way. Preliminary arrangements made for the program include plans for an address by a leading educator from the west, who will speak on "The Part Played by the Individual in the Educational Movement." As the program stands now, the keynote of the convention will be The Kind of Preparation Needed by Young Women to Nurse in the Modern World.

On June 6, the headliner will be Carrie M. Hall, president of the National League of Nursing Education, who will address the convention in the evening. This will mark the opening of the national conclave.

Business sessions will start on June 7, and reports will be given by the presidents of the state leagues of nursing education. On June 8, Dr. May Ayres Burgess, director of the Committee on Grading of Nursing Schools, will speak on the first returns of the grading study. In the afternoon, an open session will be conducted by the Education Committee on the duties, qualifications and preparation of the educational staff of the nursing school. One of the subjects taken up will be the importance of those factors in relation to the curriculum with Isabel Stewart of Columbia University as the speaker.

Effie Taylor of the School of Nursing, Yale University, will speak on superintendents and nurse assistants; Stella Goostray of Philadelphia General Hospital, on instructors; Mary Marvin, Columbia University, New York, on supervisors and head nurses; and Amelia Grant, New York, on supervisors of outpatient departments and clinic nurses. Shirley Titus will speak on extra-curriculum activities in the nursing school program.

On June 9, the instructors will hold an active session at which papers on the various types of examination questions will be discussed. Speakers will be Mary B. Eyre, Pomona College, Pomona, Calif., Cordelia Cowen, Women's Hospital, New York City, and Florence Bacon, Bellevue Hospital, New York City. How maximum student participation may be secured, will be discussed by Sarah G. White, San Francisco.

A general conference will be presided by S. Lillian Clayton, president of the American Nurses' Association, at which the teaching of ethics and ethical problems will be discussed. This is expected to be a meeting of unusual interest. Other conferences will be held on the teaching of obstetrical nursing with Mildred Newton, Pasadena Hospital, Pasadena, Calif., in charge; on clinics on every-day problems, presided over by Susan C. Francis, Children's Hospital, Philadelphia, secretary of the American Nurses' Association; and on university schools, with Carolyn E. Gray, New York, as the chairman.

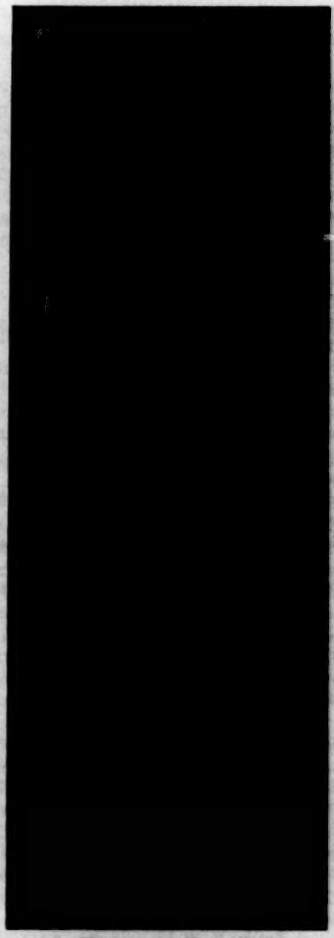
Dr. May Ayres Burgess and Mary E. Gladwin, Educational Director of Nursing, State of Minnesota, and a member of the board of directors of the American Nurses' Association, will be the speakers on June 10.

San Francisco Truly City Beautiful

Constantinople and Rio de Janeiro are said to be the only cities approaching San Francisco in natural beauty of situation; it fronts one of the most magnificent harbors in the world. During your stay you will have an opportunity to visit the picturesque fishermen's

wharfs, to see the Presidio where guns, night and day, are trained on the strategic points along the waterway, to hover in Chinatown, the Latin Quarter, Golden Gate Park, Russian Hill and the writers' colony.

Northward, beyond the Golden Gate, are Mount Tamalpais and Muir Woods, reached by the crookedest railroad in the world. Along the sheltering mountain wall of California on the Sierra Nevada are Mount Shasta and Mount Lassen, the only active volcano in the United States. Yosemite National Park, with its domes and cliffs and waterfalls is a scenic show place of the first water.



YOSEMITE FALLS

One of San Francisco's many vacation playgrounds is Yosemite National Park. Of first interest are the numerous waterfalls, two and three times the height of Niagara. Yosemite Falls shown here has a drop of 2,600 feet.

Nurses' Relief Fund

REPORT FOR FEBRUARY, 1927

Balance on hand, Jan. 31, 1927	$ 25,807.58
Interest on bank balances	52.12
Interest on investments	351.25
Reprints sold	14.23
	$ 26,225.18

Contributions

Alabama: Dist. 1, Birmingham, $17.20; Dist. 5, Selma, $35; Dist. 6, Dothan, $50; Dist. 7, Talladega, $1.60	103.80
California: Dist. 5, $87; Dist. 7, $4.50; Dist. 16, $7; Dist. 18, $11	109.50
Colorado: Individual member	1.00
Connecticut: Hartford Hosp. Alum. Assn., $21.50; individual members, $19	40.50
Delaware: State Assn. of Graduate Nurses	25.00
District of Columbia: Eleven members of Graduate Nurses' Assn., $20; twelve members of Georgetown University Hosp. Nurses' Alum., $12; Garfield Hosp. Alum. Assn., $4	36.00
Florida: Dist. 5, $35; Riverside Hosp. Alum. Assn., $10.50	45.50
Kansas: Dist. 4, $20; Dist. 5, $8.25; Dist. 6, $3	31.25
Maryland: Mercy Hosp. Nurses' Alum. Assn., Baltimore, $105.25; two individual members, $2	107.25
Massachusetts: Individual member	2.00
Michigan: Children's Hosp. of Michigan Alum. Assn., $37; Muskegon District, $9; Battle Creek Nurses' Assn., $65; Detroit District, Providence Hosp. Alum. Assn., $50	181.00
Missouri: Dist. 1, St. Joseph Hosp. Alum., $10; Dist. 2, Trinity Lutheran Hosp. Alum., $52; individual member of Children's Mercy Hosp. Alum. (Kansas City), $1; Dist. 3, St. Luke's Alum. (St. Louis), $43; St. Louis Protestant Hosp. Alum.,	

$5; Missouri Baptist Sanitarium Alum. Assn., $12	123.00
New York: Dist. 3, $25; Dist. 7, St. Luke's Hosp. Nurses' Alum., Utica, $26; Utica State Hosp. Nurses' Alum., $25; Utica General Hosp. Nurses' Alum., $5; Dist. 13, Lenox Hill Hosp. Nurses' Alum., $25; Metropolitan Hosp. Nurses' Alum., $25; Bloomingdale Hosp. Nurses' Alum., $15; Peekskill Hosp. Nurses' Alum., $10; two individual members, $10; Dist. 14, Alum. Assn. of Jewett School for Nurses, Bushwick Hospital, Brooklyn, $10	176.00
Rhode Island: Individual members, $14.50; Butler Hosp. Training School Alum., Providence, $10	24.50
South Dakota: Dist. 3, $52; St. Luke's Hosp., Aberdeen, $5; individual members, $13.50	70.50
Texas: Dist. 2, $40; Dist. 6, $17; Dist. 15, $9	66.00
Total receipts	$ 27,367.98

Disbursements

Benefits paid to 144 applicants	$2,120.00	
Salary	88.90	
Total disbursements		2,208.90
Balance on hand, Feb. 28, 1927		$ 25,159.08
Farmers' Loan and Trust Co.	$ 8,242.03	
National City Bank	15,903.69	
Bowery Savings Bank	1,013.36	
	$25,159.08	
Invested funds		$106,579.34
		$131,738.42

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund, and sent to the State Chairman. She, in turn, will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York. If the address of the Chairman is not known, then mail the checks direct to the Headquarters office of the American Nurses' Association at address given above.

For application blanks for beneficiaries, leaflets, and other information, address the Director of the American Nurses' Association Headquarters.

The Isabel Hampton Robb Memorial Fund

REPORT TO MARCH 9, 1927

Previously acknowledged	$31,621.07
Contributions	
Michigan: Providence Hosp. Alum., Detroit	10.00
Missouri: St. Louis Protestant Hosp. Alum.	5.00
New York: Post Graduate Hosp. Alum.	5.00
Rhode Island: Nurses' Alum. Assn., Butler Hosp., Providence, $5; Memorial Hosp. Alum., Pawtucket, $5	10.00
Washington: Dist. 2, King County Assn.	5.00
	$31,656.07

MARY M. RIDDLE, *Treasurer.*

The McIsaac Loan Fund

REPORT TO MARCH 9, 1927

Balance, February 8, 1927	$457.42
Return of loan (No. 9)	200.00
Interest on loan	13.00
Gift in appreciation of loan	17.00
Return of loan (No. 16)	200.00
Interest on loan	4.00
Gift in appreciation of loan	46.00
Interest on loan (No. 17)	4.00
Massachusetts: Memorial Hosp. Alum., Worcester	10.00
Michigan: Providence Hosp. Alum., Detroit	10.00
Missouri: St. Louis Protestant Hosp. Alum.	5.00
New York: Alum. Assn., Post Graduate Hosp.	5.00
Rhode Island: Nurses' Alum. Assn., Butler Hosp., Providence, $5; Memorial Hosp. Nurses' Alum., $5	10.00
Washington: King County Assn., Dist. 2	5.00
	$986.42
Loan	100.00
Balance, March 9, 1927	$886.42

MARY M. RIDDLE, *Treasurer.*

Annual contributions to both funds are desired from state, district and alumnae

associations. Checks should be made out *separately* (as the funds are kept in different banks) and sent to the treasurer, Mary M. Riddle, care American Journal of Nursing, 19 West Main Street, Rochester, N. Y.

Seven scholarships of $250 each are offered for the coming scholastic year, to nurses wishing to prepare for administrative, educational, or public health work. For information and application blanks, write to the secretary, Katharine DeWitt, 19 West Main Street, Rochester, N. Y.

The New England Division

THE NEW ENGLAND DIVISION of the American Nurses' Association will hold its fifth convention at the Biltmore Hotel, Providence, R. I., April 27-29.

Wednesday, April 27—10 a. m., Meeting of Board of Directors. 10:30, Registration. 2 p. m., Addresses: Furthering the Creation of Central Schools, Annie W. Goodrich; Report of the Grading Committee, May Ayres Burgess; Private Duty Nursing, Janet M. Geister. 4:30, Tea served at the following places: Rhode Island Hospital, St. Joseph's Hospital, Butler Hospital, Homeopathic Hospital, Providence District Nursing Association. 8:15 p. m., Addresses of welcome, Lieut. Governor Norman S. Case and Mayor James G. Dunne; Response, Jessie E. Catton; President's address, Sally Johnson; Mental Hygiene, A. H. Ruggles, M.D.

Thursday, April 28—8:30 a. m., Round tables at breakfast,—Private Duty, Anne Radford, Chairman; Public Health, Mary S. Gardner, Chairman; League of Nursing Education. 10 a. m., Five-minute talks by the Presidents of the State Associations of Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut; Demonstration of Methods of Supervision as Used in Yale School of Nursing. 2 p. m., Excursion to the Crawford Allen Seaside Hospital for Crippled Children. 8:15 p. m., Affiliations in Public Health Nursing for Student Nurses, Marion Rice; Mental Health as Part of Community Health, Marie Donohoe; New Developments in General Red Cross Nursing Service, Ida F. Butler.

Friday, April 29—8 a. m., Round tables at breakfast, as on the previous day. 10 a. m., The Private Duty Situation in the New England States, by the Chairmen of the Private Duty Sections; The Private Duty Nurse as a Power in the Community; The Care of the Psychiatric Patient in the Home, Donald Gregg, M.D. 2:15 p. m., Business Session. 8 p. m., Banquet.

Nurses planning to attend the Convention of the New England Division should make reservations by direct application to the hotels. Convention headquarters will be at the Providence Biltmore, but the Narragansett Hotel, close by, is also highly recommended. A limited number of accommodations may be secured at the Y. W. C. A.

The Middle Atlantic Division

THE MIDDLE ATLANTIC DIVISION of the American Nurses' Association will hold its second biennial conference at the Pennsylvania Hotel, New York, April 28-29.

Thursday, April 28—8:30 a. m., Registration. 9 a. m., Board meeting of directors. 9:30 a. m., President's address, Mrs. Anne L. Hansen; Address by Louis I. Harris, M.D.; Reports of State Presidents, Delaware, Amelia Kornbau; District of Columbia, Gertrude H. Bowling; Maryland, Jane Nash; New Jersey, Virginia Chetwood; New York, Louise R. Sherwood; Pennsylvania, Helen F. Greaney; Address, Nathan B. Van Etten, M.D. 2 p. m., Address, May Ayres Burgess. 3-5, Round tables: Private Duty, Mildred Davis, Chairman,—What Things Make a Full Life for a Woman and How a Private Duty Nurse is Going to Get Them, Mrs. Martha Bensley Bruère; Private Duty from the Viewpoint of a Director of a Training School, Marion Rottman; Pensions and Annuities, Representative of the Harmon Association. Public Health Nursing, Jane C. Allen, Chairman,—Problems of Public Health Nursing under Official Control, Agnes J. Martin; Staff Appointments, Mathilde Kuhlman; Staff Education, Helen S. Boyd and Jane B. Newman; Advisory Nursing Committee, Grace Anderson. Evening, Banquet,—Addresses: Dante's Divine Comedy and Its Message for Our Times, Alfred Martin; "Something New," Edna Geister.

Friday, April 29—9:30 a. m., Meeting of directors; 10 a. m., Address by Judge Jean H. Norris. 11-12:30, Round tables: Institutional, Mary C. Eden, Chairman; Visiting Nursing, Gertrude H. Bowling, Chairman. 2 p. m., Organization, Janet M. Geister. 3:30, Address, The Beautiful in Life, Mrs. Lois Coffey Mossman. 4:30, Tea at Central Club for nurses.

Army Nurse Corps

During the month of February, 1927, the following named members of the Army Nurse Corps were transferred to the stations indicated: To station hospital, Camp Meade, Md., 1st Lieut. Pearl C. Fisher, 2nd Lieut. Anna L. Slater; to the General Dispensary, Chicago, Ill., 1st Lieut. Frances M. Steele; to the General Dispensary, Washington, D. C., 2nd Lieuts. Anna Motl, Josephine Motl; to the station hospital, Fort Sam Houston, Texas, 2nd Lieut. Nellie E. McGovern; to Walter Reed General Hospital, Washington, D. C., 2nd Lieuts. Josephine E. Heffernan, Minnie E. Newell, Florence MacDonald, Amelia I. Goodine, Nell Suggs; to the station hospital, West Point, N. Y., 2nd Lieut. Lucy R. Taylor; to the Philippine Dept., 2nd Lieuts. Lucie Zurcher, Teresa Fitzgerald; to the station hospital, Tientsin, China, 1st Lieut. Lyda M. Keener, 2nd Lieuts. Alice McCauley, Mary E. O'Donnell, Helen A. Taggart, Stella E. Williams.

The order, directing 2nd Lieut. Sara McLoughlin to Honolulu, has been revoked.

Fifteen have been admitted to the Corps as 2nd Lieuts.

Phoebe Nelson, previously reported separated from the service, has been reassigned as 2nd Lieut. with station at Letterman G. H.

The following named are under orders for separation from the service: Sara E. Tiddy, Marguerite M. Vizner, Nellie F. Rabold, Mildred Michaels, Mabel Chickering, Jennie Mathies, Minnie Wells, Edna M. Livingston, Nina Bell White.

JULIA C. STIMSON,
Major, Superintendent, Army Nurse Corps.

Navy Nurse Corps

During the month of February, twelve nurses have been appointed and assigned to duty.

Transfers: To League Island, Pa., Marie C. Boyle; to Mare Island, Calif., Elizabeth L. Tope, Chief Nurse; to Newport, R. I., Mary Anna Smith, Daisy Slater; to New London, Conn., Submarine Base, Lillian Hankey, Chief Nurse; to New York, N. Y., Mina A. King, Chief Nurse; to Norfolk, Va., M. Nirvinia Bailey, Margaret E. Sutherland, Mary E. Moore, Chief Nurse, Mary B. Gainey, Chief Nurse; to Pensacola, Fla., Rosa L. Lane; to Puget Sound, Wash., Louise A. Bennett, Chief Nurse; to Quantico, Va., Olive I. Riley; to St. Thomas, V. I., Edith M. Conry, Bertha I. Myers, Chief Nurse; to San Diego, Calif., Clara V. Hogue; to U. S. S. Chaumont, Ruby Russell, Chief Nurse, Celia D. Krogh, M. Winifred Marsh; to U. S. S. Relief, Kathryn M. Bonner; to Washington, D. C., Annie G. Hamilton; to Washington, D. C., Dispensary Navy Department, Lillian M. Adams.

Clare L. DeCeu, Assistant Superintendent, Navy Nurse Corps, has been transferred from the 12th Naval District at San Francisco to the Headquarters of the 11th Naval District, San Diego, California. Katherine C. Glancy and Bertha Ruth Maresn, have been ordered to the Schools of Nursing, Philadelphia, Pa., to complete a course in Anesthesia. Mary D. Towse has been promoted to the grade of Chief Nurse.

The following named nurses have been separated from the Service: Caroline B. Driscoll, Amelia M. Saumweber, Bertha A. Adams, Anna E. Wolfe, Annie Leighton, Ruth A. D. Miller, Florence M. Gibson, Anne C. Barry, Mae M. Harrington, Matilda E. Anderson, Daisy M. Mapes, Irene C. Berg, Josephine Corbett.

Mary J. McCloud, Chief Nurse, has been transferred to the retired list.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. Public Health Service

The following transfers, reinstatements and new assignments have been made in the U. S. Public Health Service during the month of February, 1927:

Transfers: Emily Power, to San Francisco, Calif.; Amanda Thompson, to Ellis Island, N. Y.

Reinstatements: Nina Belle White, Hattie Thiedemann.

New Assignments: Seven.

LUCY MINNEBROOK,
Superintendent of Nurses, U.S.P.H.S.

United States Veterans' Bureau

During February there were 43 assignments.

Transfers: To Rutland Heights, Mass., Cora Bouley; to Washington, D. C., Carolyn Dunham; to Maywood, Ill., Anna Winn; to Sunmount, N. Y., Eva B. Sargent; to Boise, Idaho, Helen Schmidt; to Lake City, Fla., Emma Nichols; to Castle Point, N. Y., Ruth

Green; to Dwight, Ill., Anna Graham; to Excelsior Springs, Mo., Addie Legg; to Regional office, St. Louis, Marion G. Thorne.

MARY A. HICKEY,
Superintendent of Nurses.

U. S. Civil Service Commission

Applications will be received until June 1 for the positions of Graduate Nurses and Graduate Nurse, Visiting Duty. For information apply to the U. S. Civil Service Commission, Washington, D. C.

St. Barnabas Guild

Gladys Stephenson, holder of the Guild scholarship, completed her work at Western Reserve University at mid-year; she is now making an extended tour of the country. Fired with true missionary zeal, she has had, as stated in a previous issue, years of successful work in China. Endowed with a gracious personality and with a gift for fluent, witty, stirring speech, Miss Stephenson is a happy choice for the task of recruiting nurses for missionary fields. She held a large audience in Chicago in rapt interest as she described in glowing terms the satisfaction of work in her own isolated area in Central China. Miss Stephenson has spoken in many middle western cities, beginning with Detroit, where the Guild is particularly well organized, and also in a number of southern cities. Before the tour is completed, nurses in all parts of the country will have had the privilege of hearing her. Some of the advance dates are Houston, April 1; Galveston, 1-2; Fort Worth, 3-6; Dallas, 5; Oklahoma City, also Okmulgee, Pawhuska and El Reno, April 7-13; Temple, 14-15; Austin, 15-16; San Antonio, 16-19; El Paso, 20-21; Phoenix, 22-23; San Diego, 24-25; Los Angeles, 25-28; San Francisco, April 28-May 3; Berkeley, 2-3; Portland, 4-5; Seattle, 6-7; Everett, 7-8; Minneapolis, 11; St. Paul, 12-13; Cleveland, 14. Mrs. Henry G. Hanchett, 120 Congdon Street, Providence, R.I., is Chairman of the League Missions Committee.

National Conference of Social Work

The annual meeting will be held in Des Moines, Iowa, May 11-18.

The Protestant Hospital Association

The Protestant Hospital Association will meet in Minneapolis, October 8-9-10. The Curtis Hotel, which is close to the Auditorium in which the American Hospital Association will meet, October 10-14, has been selected for headquarters by the Protestant Hospital Association.

Institutes and Special Courses

California: San Francisco.—THE UNIVERSITY OF CALIFORNIA offers during the Summer Session (June 27-August 6) four courses in Nursing Education; Administration of Schools of Nursing and Principles of Nursing Education by Associate Professor Mary M. Pickering, and Preventive Medicine and Public Health Nursing. A curriculum in Public Health Nursing is also offered in the Intersession (May 16-June 25) and the Summer Session (June 27-August 6) which leads to a certificate in public health nursing.

Colorado: Greeley.—Colorado State Teachers' College offers an advanced course in Nursing Education, June 14-July 20, under the supervision of Carolyn E. Gray, for administrators, instructors, public health and private duty nurses. The course is given under the auspices of the Colorado League of Nursing Education.

Florida: Gainesville.—The University of Florida will give courses in nursing education and public health at its summer session, June 13-August 5.

New York: New York.—TEACHERS COLLEGE. Several La Verne Noyes Scholarships are available for the summer Session. Application blanks may be secured from the Nursing Education office.

A number of courses in the following fields are offered: I. Teaching in Schools of Nursing, II. Supervision in Schools of Nursing, III. Administration in Schools of Nursing, IV. Public Health Nursing, V. Supervision in School Nursing, VI. Supervision and Organization in Public Health Nursing, VII. Teaching of Home Nursing and Child Care.

A course in Hospital Administration, not often given in Summer Session, will be available this year and a course in Clinic and Outpatient Nursing is offered for the first time. Professors Hudson and Burgess will teach

Summer courses. Other members of the nursing faculty who will teach are the Misses Muse, Hulsizer, Mafvin, Power and Metcalf.

Pennsylvania: Philadelphia.—TEMPLE UNIVERSITY offers a summer session, July 5 to August 13, on Hospital and Institutional Management. On account of the rapidity with which the hospital has grown into a complicated and difficult business and financial undertaking, the need for trained executives and administrators is an outstanding problem pressing for immediate attention. The Temple University course was organized to help meet this need. The course is especially valuable to those who have had hospital or institutional experience, for a person requires both practical and theoretical knowledge to do full justice to himself and to his position. Philadelphia is a great medical center and the large number of hospitals, both general and special, afford abundant opportunity for observation and field work. This will be the fourth summer the course has been given. Charles S. Pitcher, Superintendent of the Presbyterian Hospital in Philadelphia, will again direct the course. Two hours daily, 9-11 a. m.

Commencements

ARKANSAS:

University of Arkansas School of Nursing, Little Rock, a class of 13, on June 2.

GEORGIA:

Mac Vicar Hospital, Spellman College, Atlanta, held exercises for a class of 4 in December. No address was given, but a paper was read by Dorothy Williamson.

NEW YORK:

Bellevue School of Nursing, New York, a class of 74, on March 10, with an address by Dr. John J. McGrath.

The Margaret Fahnestock School of Nursing, New York Post-Graduate Hospital, a class of 53, on March 8, with an address by Dr. John J. Moorhead.

Booth Memorial Hospital, New York, a class of 16 trained attendants, on March 15, with an address by Mary M. Roberts.

PENNSYLVANIA:

York Hospital, York, a class of fifteen, on May 12.

State Boards of Examiners

Colorado: THE COLORADO STATE BOARD OF NURSE EXAMINERS will hold an examination in Denver, April 20, 21 and 22, to examine nurses for a license to work in Colorado. Apply to the Secretary, Louise Perrin, Capitol Building, Denver.

District of Columbia: THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold an examination for the registration of nurses on May 3 and 4. Application blanks must be filed with the secretary not later than April 18. Alice M. Prentiss, Secretary and Treasurer, 1337 K. St., N.W., Washington.

Florida: THE FLORIDA STATE BOARD OF EXAMINERS OF NURSES will hold an examination for registration of graduate nurses, June 2 and 3, and for licensed attendants June 4, at the Seminole Hotel, Jacksonville, beginning promptly at 9 a. m. Applications must be filed with the Secretary, Mrs. Louisa B. Benham, Hawthorne, not later than May 1.

Iowa: At the January meeting of the STATE BOARD OF NURSE EXAMINERS, 99 applicants were given the examinations. The next examinations will be given at the State House, April 28-29. Applications must be made fifteen days prior to this time by those nurses desiring to take the examination. Jane N. Wiley, Secretary, 1714 Sixth Avenue East, Cedar Rapids.

Kentucky: THE KENTUCKY STATE BOARD OF NURSE EXAMINERS will conduct semi-annual examination for registration of graduate nurses in Louisville, at the City Hospital, May 17-18. Applications and information may be procured from the Secretary, Flora E. Keen, Thierman Apt. C-1, Louisville.

Louisiana: The next examination of the LOUISIANA NURSES' BOARD OF EXAMINERS will be held in New Orleans and in Shreveport, May 2-3. For further information, address Julie C. Tebo, Secretary, 1005 Pere Marquette Building, New Orleans.

Missouri: THE MISSOURI STATE BOARD OF NURSE EXAMINERS will hold its next examination, in St. Louis and Kansas City, May 18 and 19. Jannett G. Flanagan, Secretary, 529a East High St., Jefferson City.

North Carolina: THE NORTH CAROLINA BOARD OF NURSE EXAMINERS will hold examinations in Raleigh, April 12, 13 and 14. Applications must be filed with the Secretary ten days before examinations. Application blanks may be procured from the Secretary, Mrs. Z. V. Conyers, Box 1307, Greensboro.

Pennsylvania: THE PENNSYLVANIA STATE

BOARD OF EXAMINERS FOR REGISTRATION OF NURSES will conduct examinations on April 2, in Philadelphia and Pittsburgh, and on June 4, in Philadelphia, Pittsburgh, Wilkes-Barre and Erie. Applications for these examinations should be filed promptly. Helene S. Herrmann, Secretary-Treasurer, 812 Mechanics Trust Building, Harrisburg.

Rhode Island: THE RHODE ISLAND STATE BOARD OF GRADUATE NURSES will hold its examinations, May 5 and 6, at 9 a. m., in the Museum of the Rhode Island College of Education. Evelyn C. Mulrenan, Secretary, St. Joseph's Hospital, Providence.

Vermont: Hattie E. Douglass, West Rutland, has been appointed Secretary of the Nurses' Examining Board.

West Virginia: WEST VIRGINIA STATE BOARD EXAMINATION FOR REGISTERED NURSES will be held Thursday, April 28, at the new Charleston General Hospital, Charleston, and the Ohio Valley General Hospital, Wheeling. Secretary West Virginia Board of Examiners for Registered Nurses, 1300 Byron Street, Wheeling.

State Associations

Arizona: THE ARIZONA STATE NURSES' ASSOCIATION will hold its annual meeting in Globe, April 4 and 5.

Monday, April 4, Morning, Address of welcome, Dr. Horst; Response, Minnie C. Benson; business. Luncheon,—speakers, Indian Welfare, Miss McGowan; Industrial Nursing, Josephine Hall. 1 p. m., Address of the President, Report of the convention of the American Nurses' Association; reports of committees; address by A. Louise Dietrich of Texas; address on Possible Coöperation between Parent-Teacher Associations and the Nursing Profession. Evening, Banquet at the Old Dominion Hotel, speaker, Dr. Bacon.

Tuesday, April 5, 9 a. m., Reports; addresses by Dr. Irvin; by T. C. Cuvellier on Problems of Tuberculosis; and by Mary E. Davis. Luncheon, discussion of nursing problems. 1 p. m., Addresses,—Dental Hygiene, Dr. Phillips; Hospitals and Accredited Schools, Mrs. J. A. Sexson; Health in Schools, Mrs. Lucy Nash Bachman; final business. Evening, Trip to Roosevelt Lake and dinner at Apache Lodge.

Mrs. Gertrude F. Russell, who is just finishing her second year as President of the State Association, has been obliged to resign her position because of ill health. Mrs. Russell is known and loved by every nurse in the state. Ellen Harrison, a very efficient public health nurse in Globe, will preside at the State meeting.

Arkansas: Marie McKay, President of the State Association, was married in February; she is now Mrs. Marie McKay Sellers.

California: The twenty-fourth annual convention of the CALIFORNIA STATE NURSES' ASSOCIATION, the twelfth annual convention of the California League of Nursing Education, and the eighth annual convention of the California Organization for Public Health Nursing will be held at the Hotel Leamington in Oakland, Alameda County, on May 3-8. These organizations will hold many sessions with those of the California Conference of Social Work which meets in Oakland at the same time. The boards of directors of the three nursing organizations will hold their meetings during the afternoon of the first day. Reports from the officers, district associations, and committees will be heard during the afternoon of May fourth. Thursday, May 5th, will be Public Health Day, when joint meetings will be held by the Conference of Social Work and the State Organization for Public Health Nursing, a topic for the afternoon being The Handicapped Child. Thursday evening will be devoted to Mental Hygiene work and will include topics on The Present Status of the Insane in California, Mental Hygiene and the Family, and Mental Hygiene and the Child.

The outstanding attraction on the program of the California League of Nursing Education is Character Building in the Education of the Nurse. This will be discussed from many angles and Round Table discussions will be held.

On the Red Cross program, Marion Gray, instructor at the University High School, will speak on Home Hygiene and Care of the Sick in High Schools. A Conference of State and Local Committees will be held at the noon hour on May 7, under the leadership of Dorothy Ledyard.

Saturday, which is Private Duty day, will witness some lively discussions, as the important addresses will be on Group Nursing and Registries. Anyone desiring information on nursing affairs or having some troublesome problem to solve need only write out her queries and place in the Question Box and a Committee appointed for the purpose will undertake to have them answered.

Colorado: The Colorado State Graduate Nurses' Association opened its twenty-third annual meeting at the Brown Palace Hotel, Denver, on February 9, continuing for three days. About 250 nurses attended the meetings.

Wednesday morning was devoted to the meeting of the Advisory Council and the Board of Directors. Colorado wants the 1930 Convention of the A.N.A. and ways and means of bringing the convention to Denver, also plans for districting the state, were discussed. Mary E. Gladwin of Minnesota was the outstanding speaker of the meetings. She gave an address at the general session of the state organizations, also one on the Adaptation of the Standard Curriculum at the meeting of the State League of Nursing, and to the nurses of the Private Duty Section. She brought a message such as no one else could have done and all felt that she helped to make the meeting a success. Marie T. Phelan, Field Supervisor of the U. S. Children's Bureau, gave a very able talk on the work of that bureau, as did Olive Chapman, of the Department of Health, Pueblo, on the Necessity of Organization for County and Rural Public Health Work. J. H. Shaw of Teachers College, Greeley, explained the special summer course offered this year under Carolyn Gray.

Other speakers were George A. Collins, Superintendent of the Denver General Hospital; C. F. Kemper, M.D., Denver; Dr. R. J. Walters, Professor of Education of Denver University; Mrs. Ida Kruse McFarlane, Professor of English, Denver University; Katherine McLean, Superintendent of Nursing of Psychopathic Department, Colorado General Hospital; George Munson, M.D.; and T. D. Cunningham, M.D.

The annual banquet and the luncheon given by the alumnae of the Denver schools of nursing were delightful functions. Officers elected are: President, Mrs. Gertrude Loutzenheiser, Colorado Springs; vice presidents, Edith Edelstein, Pueblo, and Ruth Gray, Colorado Springs; secretary, Ann Dickie Boyd, Denver; treasurer, Lena Pecover, Denver. League officers are: President, Laura Elder, Denver; vice president, Frieda Off, Denver; secretary, Ruth Colestock, Denver.

Idaho: The Idaho State Association of Graduate Nurses will hold its annual meeting on May 3.

Illinois: The February meeting of the Illinois League of Nursing Education was held in the Club Rooms of the Nurses' Club, Chicago. This was a joint meeting for members of the League and of the First District Association. The special guests of the evening were Mary M. Roberts, Editor of the *American Journal of Nursing;* Gladys E. Stephenson, former President of the China Nurses' Association and Chairman of the Program Committee, International Council of Nurses; and Cora Simpson, Secretary of the China Nurses' Association. The presence of these nursing leaders, as well as the splendid addresses which they gave, proved a source of inspiration to all who attended the meeting. The Illinois League of Nursing Education held its March meeting at the Nurses' Residence of the Michael Reese Hospital. The program committee was fortunate in securing as the speaker of the evening, Dr. Louis Wirth, Professor of Sociology and Anthropology, University of Chicago.

Massachusetts: The mid-winter meeting of the Massachusetts State Nurses' Association was held March 1, under the direction of the Public Health and Private Duty Sections.

The meetings of the Private Duty Section were held in the auditorium of the John Hancock Building. The meeting was opened by Jessie E. Catton, President of the Massachusetts State Nurses' Association, Anne E. Radford, Chairman of the Section, presiding. On account of the publicity given to the proposed Survey of the nursing situation in the State, much interest was shown by the members and the attendance was large. Round Table discussion was conducted by Mary L. Wakefield. The questions presented for discussion included economic, ethical, professional, social and educational problems. Ellen C. Daly read a paper entitled The Private Duty Nurse. What does she stand for? which dealt ably with the situation of the nurse on special duty in the hospital. Marietta Barnaby gave excellent suggestions as to the need and the opportunities for further education for the Private Duty Nurse. Marion Rice, Director, School of Public Health Nursing, Simmons College, Boston, announced the course for nurses to be given in the Summer School, July, 1927. Dr. Elliott G. Brackett showed appliances and described the care of an orthopedic patient in the home, in Potts' disease, tuberculosis of the hip, or sacro-iliac dislocation.

Public Health Section. These meetings were held in the Lecture Hall of the Boston Public Library, Laura A. Draper, Chairman,

presiding. The speakers were: Mabel Wilson on Seeing the Family's Problems; Dr. Bradford Murphy on The Adolescent Girl; and Louis R. Lipp on Massachusetts Settlement Laws.

The general meeting of the State Association was held at the John Hancock Building at 2:30 p. m. with three excellent speakers,—Lou Lombard on Diet for the Middle-Aged; Dr. Marianna Taylor on Mental Hygiene for the Nurse and Her Patient; and Janet M. Geister on The Problems of the Private Duty Nurse.

There were three amendments made to the by-laws. Copies of these amendments will be mailed to each member of the Association in the near future. A report of the Red Cross activities in the state was made by Marietta Barnaby. Following the meeting, an informal dinner was held at Schrafft's; there was also a theatre party.

Taken as a whole, the meeting was a huge success, and splendidly attended.

Michigan: The Michigan State Nurses' Association will hold its annual meeting in Marquette, June 15-17.

Ohio: The Ohio State Association will hold its annual meeting in Dayton, at the Miami Hotel, April 19-22. An outline of the program will be found in the March *Journal*, page 231.

Oregon: The Oregon State Graduate Nurses' Association and the Oregon Organization for Public Health Nursing held a joint annual meeting in the Central Library, Portland, March 4 and 5. The Public Health organization held its business meeting on the morning of the first day, followed by these addresses,—Tests for Special Defects and Ways to Remedy Them, Dr. B. W. DeBusk; Tests and Reactions of Serums on School Children, Dr. Helen Cary; Problems of Speech Defects, Mrs. Frank Towsley; Value of Vitamins in the General Diet, Mrs. F. W. Brodie. In the afternoon the program included,—Mental Hygiene, Dr. Edmond Conklin; The Aims of the New Western Hospital Organization, Emily Loveridge; The Nurse as a Hospital Executive, Dr. Pliny Clark; The Doernbecher Hospital and Its Relation to the State, Grace Phelps. In the evening a banquet was enjoyed at which Jane C. Allen from national headquarters was the chief speaker; there was also a symposium on Educational Opportunity and the Private Duty Nurse in which the speakers were,—Mary Leverton (Private Duty), Pauline Knudsen (School), Sena Peterson (County), Margaret Kaiser (Women's Protective Division), Astrid Hofseth (Hospital), Lillie Helgeland (Visiting Nurse). Miss Allen's presence was a great addition to the meetings.

On Saturday morning, the State Association held its business meeting, after which addresses were given on Health among High School Students, Dr. Estella Ford Warner; Five-year Nursing Program in Oregon, Elnora Thomson.

The State Association elected as officers: President, Mrs. Ruby Emery Buckle, Portland; vice presidents, Louise Schneider, Margaret Giddings; secretary, Jane Gavin, Portland; treasurer, Ellen Lund. The convention was one of the best ever held in the state.

Rhode Island: The annual meeting of the Rhode Island State Organization for Public Health Nursing was held at the Medical Library, Providence, February 17. About one hundred and twenty-five members were present and the meeting was unusually interesting Besides the business meeting and the election of officers there was a general conference with short talks by workers from different fields and presentation and discussion of individual problems. The principal speaker was Ruth L. White, Instructor in Dietetics, Simmons College, Boston, and Chief Nutrition Worker, Forsyth Dental Infirmary. Miss White's talk was illuminating, emphasizing as it did the importance of a well balanced diet plus health habits in the various age groups, with particular stress upon the periods of pregnancy and lactation, infancy and pre-school age.

South Carolina: The South Carolina State Association will hold its annual meeting in Charleston, April 7-8, with headquarters at the Francis Marion Hotel. The program includes:

Thursday, April 7, 10 a. m., Invocation, Dr. George J. Gongaware; addresses of welcome, Mrs. Charles M. Shipway, Mayor Thomas P. Stoney; response, Nellie C. Cunningham; addresses—Progress in Medicine and Nursing, Dr. Robert Wilson; *The American Journal of Nursing*, Mary M. Roberts; Abnormal Psychology in the Nursing Curriculum, Dr. Olin B. Chamberlain; The Hospital's Obligation to the Student Nurse, Meyeral Engelberg. 2:30 p. m., meetings of sections,—Private Duty, Ruth Garrett, chairman; Educational, Mary McKenna, chairman; Public Health, Ellie C. Nelson, chairman, with a paper on Training for Public Health, Anna Heisler. 8 p. m., banquet.

Friday, April 8, President's address, Miss Gulledge, and a business session with reports from the five districts.

West Virginia: THE WEST VIRGINIA STATE ASSOCIATION has issued the first number of a quarterly bulletin, to be known as the *Weather Vane*. The bulletin brings messages from the Presidents of the State Association and the Public Health Section, names and addresses of officers, the membership of committees and items of interest to the members.

District and Alumnae News

Alabama: Birmingham.—Members of the district association are working for funds for a club house. A concert was given on February 11, to aid the project. **Piedmont.**—DISTRICT 7 held a meeting on February 11, at the Standard-Goose-Thatcher Mill, under the direction of Miss Emerson, community nurse. The speakers were Jane Van De Vrede of Georgia, Rev. Mr. Harris and Mrs. Haslam. **Troy.**—DISTRICT 6 met at the Beard Memorial Hospital on February 9. Miss Holtclaw, public health nurse of Houston County, told of her work. Nan McLeod, of the Frazier Hospital, Dothan, talked on Stimulating Interest in Nurses' Associations.

Arkansas: Little Rock.—Jane C. Allen, Director of the N.O.P.H.N., has been the guest of the Arkansas nurses. She spoke at a general meeting of lay people and nurses, including pupil nurses, in the afternoon of February 7. District Number 5 entertained Miss Allen at a banquet, the night of February 7. On February 8, Miss Allen met different nursing organizations in Little Rock.

Georgia: Milledgeville.—THE THIRD DISTRICT held a meeting on February 5 at the Nurses' Home of the State Sanatorium. Dr. J. D. Applewhite, city and county health officer, gave a most interesting talk on The Value of Public Health Work. Louise Hazelhurst gave a history of school nursing in Macon and Bibb counties for the past five years. The Alumnae of the State Sanatorium have contributed $50 toward the maintenance of State Headquarters. **Savannah.**—Nellie Oxley, Executive Secretary of the Guild of St. Barnabas, spoke to the members of the Fourth District and to the students of the hospitals on February 14. Those present voted to organize a branch of the Guild. The Fourth District is raising money for the benefit of a local relief fund for nurses.

Illinois: Chicago.—More than 200 persons attended the annual banquet of the Chicago Chapter of the International Catholic Guild of Nurses at the Palmer House on February 21. Among the speakers were A. M. Shelton, Director of the Illinois Department of Registration, who outlined the activities of his department; Nan Ewing, Superintendent of the Ravenswood Hospital, who spoke on Scholarship for Nurses and eulogized the purposes of the Guild. Father Garesche, the Spiritual Director of the Guild, outlined very succinctly the purposes of the organization, stating them to be spiritual, educational and social and in no way in competition with the national nursing organizations. Some of the definite objectives toward which the Guild is working are: (1) Scholarships for nurses, (2) the establishment of five-year courses leading to a diploma and a degree, (3) an endowed headquarters which might include in its service vocational guidance and placement. Mary M. Roberts urged participation in such forward looking professional movements as the experiments in hourly nursing and the studies of the Grading Committee. THE CHICAGO TUBERCULOSIS INSTITUTE announces a course of lectures by Dr. Allen K. Krause of Johns Hopkins University,—April 11, 3 p. m., Mercy Hospital; April 12, 3 p. m., Grant Hospital Nurses' Home; April 13, 3 p. m., Presbyterian Hospital Nurses' Home. All who are interested are welcome. THE FIRST DISTRICT, at its annual meeting in February, elected: President, Ella Best; vice presidents, Anna D. Wolf, Nellie M. Crissy; treasurer, Mrs. Katherine Williams. Pauline Martignoni, who left the American Hospital of Chicago, March 1, was the guest of honor at the staff dinner of February 24. A very sincere tribute for the four years of service was rendered by the Chief of Staff and Secretary. In conclusion a beautifully engraved electrical coffee service was presented by the trustees of the Hospital. Miss Martignoni, who is retiring from the hospital field after twenty years of service, has been a pioneer in private and public health nursing activities and has been a prominent hospital superintendent. **Evanston.**—On December 22, occurred the housewarming of the new Nurses' Home of ST. FRANCIS' HOSPITAL,—a fine structure of five stories and basement, with accommodations for 106. There are attractive rooms for two students to share, classrooms, library, gymnasium, a laundry for individual washings, and many comforts and conveniences, all greatly enjoyed.

Iowa: Iowa nurses are rejoicing in the

action of the State Board of Health in establishing a Division of Nursing in the Department of Health. Faith Ankeney, Superintendent of Nurses of Iowa Methodist Hospital, Des Moines, has been given leave of absence by her Board, to serve as Acting Director of Nursing Education; and Edith Countryman, Director of Nursing Education of the Iowa Tuberculosis Association, has been loaned by her Board to serve as Acting Director of Public Health Nursing. These appointments are made temporarily, pending the action of the State Legislature, now in session, on the recommendation of Governor Hammill, that permanent provision be made for such a division in the Department of Health. The annual meeting of the Iowa Tuberculosis Association was held in Des Moines February 23-24. New public health nurses in the field are Marie Nelson, Webster County; Martha Hermann, Waterloo; Helen Needles, Des Moines, Board of Education; Daisy McDugle, Davenport Visiting Nurse Association; Agnes Wagner, Mrs. Ray McCauley, Nettie Balkema, Sioux City Visiting Nurse Association; Merle Busby, Taylor County; Madeline Richter, Garner, Board of Education. Iowa has 2,504 licensed nurses in the state. The State Association has a membership of 1,364. Let every member feel it her duty to join in the 100 per cent membership drive which ends June first. Be sure your own District is 100 per cent. **Clinton.**—The Sixth District held its annual meeting on January 19 and elected: President, Estella Mallette; secretary, Mary Showalter; treasurer, Grace Callahan. A special meeting of the District was held in Davenport on February 17 to help work for a state director and to get an appropriation from the legislature to finance the office. **Davenport.**—Mercy Hospital is giving its students a six-weeks' course in public health work. A laboratory for the students was helped by proceeds from a card party. The Catholic nurses of the city have organized a local branch of the International Guild of Catholic Nurses,—President, Mrs. E. Flynn; secretary, Lillian Phelan. Bessie Duff resigned as night superintendent at St. Luke's Hospital, to accept an executive position at the Masonic Sanitarium which was opened on March 15. **Des Moines.**—At the annual meetings of their alumnae associations the training schools of Des Moines elected the following officers: Iowa Lutheran: President, Edna Watschke; vice presidents, Jennie Jacobsen, Virginia Moreland; secretary, Agnes Ellison; treasurer, Clara Anderson. Iowa Methodist: President, Mrs. Jane Edwards Cooper; vice presidents, Leta Seaman, Mildred Brown; secretary, Ina Brown; treasurer, Olive Schill. Mercy: President, Mary Cronin; vice president, Mae Wren; secretary, Josephine Howard; treasurer, Margaret Marooney. Esther Jackson has accepted the position of Superintendent of the City and County Hospital at Stillwater, Minn. Charlotte Garrison, who has served as Superintendent of Broadlawns General since its organization four years ago, has resigned to accept an executive position in a Chicago hospital. Miss Garrison is taking a vacation trip to South America before assuming her new duties.

Louisiana: New Orleans.—The Hotel Dieu Alumnae Association held its thirteenth annual meeting on February 22. Plans were discussed for a Silver Jubilee and reunion of all graduates from 1902 to 1927. There will be a luncheon preceding the graduating exercises on May 12. For information, communicate with Susie Collins, Secretary. Dues were increased from $3 to $4 in January. A chapter of the Catholic Guild for Nurses is to be organized,—the alumnae pledged their support. No election was held, as the term of office is two years. Officers are: President, Helen Clowes; vice presidents, Miss Schexnaydre and Mrs. Rayner; secretary, Susie Collins; treasurer, Mrs. Clara McDonald.

Maryland: The Industrial Nurses of Baltimore have reorganized as a section of the Public Health Nurses' Association of Maryland. A meeting was held on February 9 when officers were elected: Chairman, Mrs. Walberg Nolan; vice chairman, Mrs. Alice Elgin; secretary, Madeline Hoopes. To be eligible for this section, the applicant must be a graduate registered nurse in good standing in her alumnae, she must also be a member of the Public Health Nurses' Association. The association is working to have only graduate registered nurses in all plants. There are thirty employing such at the present time. The schools represented in the association are, —St. Joseph's, University, Mercy, St. Agnes, Mt. Sinai, Union Memorial, Church Home, Women's, Johns Hopkins.

Massachusetts: Boston.—The New England Industrial Association met on February 12 and enjoyed an address by Elliott Dunlap Smith of the Dennison Manufacturing Company on Psychological Aspects of

Nursing. **Lowell.**—The Nurses' Alumnae Association of St. John's Hospital entertained the class of 1927 of their School and the Alumnae Associations of the Lowell General and the Lowell Corporation hospitals, and of the Tewksbury State Infirmary, at a banquet on February 14, at Liberty Hall. After-dinner speakers were,—Rose Letterall, Della T. Furey, toastmistress, Dr. George A. Leahy, who spoke on Hospitals and Nursing in South America, and Hon. Thomas J. Corbett, Mayor, on The Part of the Nurse in Community Life.

Minnesota: Minneapolis.—The regular bi-monthly meeting of the Alumnae Association of the Swedish Hospital School of Nursing was held March 2. Mary E. Gladwin gave an interesting talk on her experiences with the American Red Cross Expedition. She with twelve other nurses went to Japan during the Russia-Japanese war in 1904.

Nebraska: Omaha.—The ninth annual meeting of the Second District Association was held on February 4. The first year since the official club and registry became a part of the Association has been completed and the Committee reported several accomplishments which this has made possible. There is now a full time assistant registrar, an organized hourly nursing service with two full-time nurses employed, others registered while waiting for calls, and a plan made for the registration of a limited number of carefully selected practical nurses. Everyone feels the club and registry have gained a great deal by this consolidation. An appreciable increase in membership was reported. The morning session was taken up with business and a report from several hospitals and the Visiting Nurse Association on new developments in their organizations. The following officers were elected: President, Edith Salin; vice presidents, Sister Olive Cullenberg, Sister Mary John; secretary, Gertrude Scheer; treasurer, Edith Conry. At luncheon the nurses joined The Social Workers' Club where they heard Dr. John A. Lapp, President of The National Conference of Social Work. The afternoon program was as follows: Physiotherapy, Dr. Robert Schrock; Demonstration, Mary Potts, Physiotherapist; The Modern Conception of Pediatric Nursing, Gladys Sellew; The Technic of Basal Metabolism Determination, Student Nurses of Immanuel Hospital; The Physical Examination of Well People, Dr. George P. Pratt.

New Jersey: Montclair.—The Mountainside Hospital Alumnae held its annual meeting on January 16, when officers were elected: President, May Weller; vice presidents, Julia Craven, Jessie Baldwin; corresponding secretary, Julia Craven; recording secretary, Eleanor Courson; treasurer, Mrs. J. Fusco. At the February meeting, Anne Donovan was elected chairman of the Alumnae Loan Fund Committee.

New York: Rochester.—The Genesee Valley Nurses' Association, District 2, held its February meeting at the Monroe County Tuberculosis Sanitarium and enjoyed an address by Dr. Ezra Bridge, the Medical Director. St. Mary's Alumnae held its annual meeting in January and elected: President, Frances McCauley; vice president, Minnie Coughlin; secretary, Elizabeth Cronin; treasurer, Nellie Meagher. There are four directors.

North Carolina: Charlotte.—During the year 1926 there were eight regular monthly meetings of Charlotte District No. 3. The attendance was gratifying at most of the meetings, the number twice being between forty-five and fifty. The members were fortunate in having very fine speakers: Dr. Robert Lafferty on X-ray; Dr. J. P. Monroe on My Trip Abroad; Dr. O. L. Miller on Orthopedic Cases and Surgery. Dr. Gaul spoke on the History of Orthopedics and Dr. Raymond Thompson on Kidney Complications. At most of the meetings a special program was given. In March, the City Health Nurses entertained in their new building, showing the various departments. The Presbyterian Hospital Staff entertained in April when their Senior class rendered a very attractive program. The Charlotte Sanatorium was hostess in May. About thirty Charlotte nurses motored over to Gastonia in November in response to an invitation from the Gaston County Nurses' Club. They were beautifully entertained with a lecture on The Holy Land. Several changes have been made by the Registry Committee for the betterment of private duty nurses and hospital superintendents—such as a slight change in the fees, allowing a little more for infectious cases; a ruling that no nurse can register against night duty who has not been a member of District 3 for three years. It was also ruled to limit the time for payment of annual dues to two months instead of six. Delegates were sent to the national and the state conventions. The President and the Treasurer have been most faithful in their work. The registry reported 139

graduate and 15 practical nurses enrolled. Calls filled amounted to 3,687.

North Dakota: Devils Lake.—The General Hospital Alumnae held a meeting on February 15 at which an interesting address on Diabetic Diet was given by Lillian Fox of Rochester, Minn.

Ohio: Cincinnati.—District 8 held its March meeting at the Deaconess Hospital, with Mrs. Helen LaMalle of the Metropolitan Life Insurance Company as speaker. The annual meeting will be held at the Good Samaritan Hospital, April 25, at 2:30 p. m. **Dayton.**—District 10 elected as officers at its January meeting: President, Mabel Lehman; vice presidents, Louise Shroeder, Helen Harzell; secretary, Carroll Woods; treasurer, Leona Huston. Eighty dollars for the Nurses' Relief Fund was made by an entertainment given in February. **Cleveland.**—Charity Hospital Alumnae have elected the following officers: President, Elizabeth Quinn; vice presidents, Mary Fisher, Mrs. Harry White; recording secretary, O. Bleser; corresponding secretary, Nodie C. Stanton; treasurer, Cordula Michels.

Pennsylvania: Ashland.—The Alumnae Association of the Ashland State Hospital held a meeting on March 9, when Alice M. O'Halloran, Director of Nursing, Department of Health, spoke on Private Duty, and Esther Entriken, Executive Secretary for the State Association, told of the activities of the Central Office. **Philadelphia.**—At the annual meeting of the Nurses' Alumnae Association of the Woman's Hospital, held in January, the following officers were elected: President, Margaret F. Coe; vice presidents, Jennie M. Shaw, E. May Bachman; secretary-treasurer, Ruth E. Hahn. A Committee was appointed to raise funds to increase the endowment of the Alumnae Room for sick nurses in the hospital. The room was used over three hundred days last year. The regular meeting of the Nurses' Alumnae Association of the Samaritan Hospital was held January 25, in the Nurses' Home. The new officers were installed; namely: President, Mary Gehringer; vice president, Meeda Lehman; secretary, Jessie M. Rowe; assistant secretary, Laura Jones; treasurer, Olga Baumann Schrader. The Committee on Temple University Endowment Fund reported receiving pledges to the amount of $5,910 from the members of the Association. Receipts from Annual Bazaar were $999. The need of a Diet Laboratory for the Training School was presented by Miss Moore, the Instructress of the School; it was unanimously decided to equip a Diet Laboratory. A brief address was given by Harriet Friend of the Temple University. **Pittsburgh.**—A meeting of the Mercy Hospital Nurses' Alumnae Association was held on January 28. The following officers were elected: President, Mary M. Rau; vice presidents, Irene Bennis, Helen McLaughlin; secretary, Mary Walton; treasurer, Mary O'Connor. Funds for furnishing the nurses' library were raised by an entertainment given by the "Cecilian Players." **York.**—The members of the York Hospital Alumnae Association have started a circulating library to be used by the graduate nurses and students. Two of the latest books of fiction are added each month.

Tennessee: Knoxville.—At the regular meeting of District 2, held on February 10, it was voted to send a copy of the *American Journal of Nursing* to the Library of the University of Tennessee, one to the Library of the Y. W. C. A. and one to the Lawson McGhee City Library. A request for volunteer nurses to assist with the Clinic at the Children's Home met with hearty response; it was also voted to pay for the services of three nurses for twenty-four hours.

Texas: San Antonio.—In observance of Drama Week, District 8 presented tableaux in the ball room of the St. Anthony hotel, February 16, which embraced the various stages of nursing of the last century, beginning with the Sister of Charity and ending with an ideal nurse of the present day. Preceding the presentation, Miss Taylor gave a brief sketch of nursing organizations, laying stress on the urgent need of more trained women in the profession. This is the first attempt the District has made in taking a part in any public performance, and it seemed to be highly appreciated.

West Virginia: Charleston.— On February 12, the Alumnae of the Kanawha Valley Hospital held their annual banquet in the Ruffner Hotel, which proved to be a Home-coming. Nurses were present from the first class to the last. Dr. C. A. Ray was toastmaster; speeches were made by Dr. W. W. Point and Elena R. Anderson. A short talk was also given by Anna Besler who has been Superintendent of the Hospital since its organization. It is hoped that next year even more will come to the reunion. At a recent meeting of the Kanawha Valley

GRADUATE NURSES' CLUB, the following officers were elected: President, Rosa Klientz; vice president, Truth Keeley; secretary, Elena R. Anderson; treasurer, Anna Belle Stewart. Chairman of Committees are: Program, Mrs. C. W. Trent; Membership, M. J. Steele; Publicity, Edna Hardsaw.

Deaths

Annie Wilburn Bell (class of 1922, Highland Hospital, Asheville, N. C.) on January 3. Miss Bell was a Doctor of Osteopathy, who entered the field of nursing, finding therein greater possibilities for usefulness. She was a conscientious and efficient member of the nursing force of Highland Hospital. Her many friends feel her loss keenly.

Mary Agnes Herbert (a graduate of the Hampden Training School, Springfield, Mass.) on March 1, at Camp Meade, Md., after a short illness. Miss Herbert was a Second Lieutenant in the Army Nurse Corps of which she had been a member since March, 1918. Burial was at Arlington National Cemetery.

Sister Agnes Karll, Germany's great pioneer and leader in organization and in nursing education, died on February 12, after a long illness. Of her, the "History of Nursing" says, "Trained in one of the best Red Cross hospitals, with an inheritance that made leadership natural, possessed of a far-seeing intellect and keen judgment, and with a real passion for bringing help to the individual, Sister Agnes lived modestly on a small private income and devoted time, strength and brains freely to the service of nurses." Sister Agnes Karll was founder and first president of Bernfsorganization der Krankenpflegerinnen Deutschland, one of the nineteen national nursing organizations which are component parts of the International Council of Nurses. This association has recently completed the fund necessary to erect a Headquarters Building in Berlin. Germany was the hostess country in 1909 when the Council met in Cologne. Many were the encomiums showered on Sister Agnes Karll and those who perfected the arrangements for that meeting. Interested always in the health of nurses, it is without surprise that one notes that the paper she had prepared for the meeting was a comprehensive treatment of that subject with a program for protection. Those whose memories of Helsingfors are still vivid will recall the emotion with which she discussed the post-war disabilities of her colleagues at that time, for her interest was still in individuals, and organization was a means to that end. An intense and forceful personality shone out from the modest garb of the deaconess; it is a personality that will be greatly missed from the future councils of the International group. A memorial service was held in Berlin on February 18, and burial was at Gadebusch, Mechlenburg, February 19.

Eva Keaman, a member of the New England Industrial Nurses' Association, on January 25. Miss Keaman was connected with H. D. Foss, Candy Manufacturers, Boston.

Caroline A. Miller (a graduate of the Woman's Hospital, Philadelphia, Pa.) at her home in Pittsburgh, on March 3, after a lingering illness. Miss Miller was a faithful private duty nurse for twenty-five years. Her friends and her fellow alumnae members sincerely regret her loss.

Mrs. Hilda Lund Morrish (class of 1921, Swedish Hospital, Minneapolis) recently, in London, while on furlough from her missionary work in Upota Haut, Congo Belge, West Central Africa. Mrs. Morrish had made a special study of tropical diseases.

Catherine S. Patterson (class of 1918, York Hospital, York, Pa.) on March 1, after prolonged illness. Miss Patterson was an industrial and a private duty nurse. She will be greatly missed, for she took great interest in the work of the alumnae association, regardless of sickness and long suffering.

Elizabeth Smith (class of 1904, St. Luke's Hospital, St. Paul, Minnesota) at Hollywood, California, of cerebral hemorrhage. After graduation, Miss Smith engaged in private duty until she went to Mandan, N. D., as superintendent of the Mandan Hospital which position she held for two years. She served her own hospital, St. Luke's, as superintendent, from 1912 to 1917. Miss Smith's health made it necessary for her to retire from active duty at that time, and she made her home in Hollywood until her death.

About Books

A Curriculum for Schools of Nursing. Prepared by the Committee on Education, National League of Nursing Education. Sixth (revised) edition. 227 pages. League Headquarters, 370 Seventh Avenue, New York. Price, $2.50.

THE revised Curriculum for Schools of Nursing, prepared by the Education Committee of the National League of Nursing Education, after many months' study, is now ready. This is the sixth edition. About five thousand copies of the first five editions have, during the last decade, been used by the schools of nursing of this and other countries.

We note that the word "Standard" has been dropped, leaving the name "A Curriculum for Schools of Nursing." This new name prompts the thought that all schools will not be expected to meet fully the entire outline but to work toward it as circumstances will allow. However, we do know that many schools will take the stand that only the best is good enough.

There is no marked departure from the principles which were embodied in the original plan nor is the thought which prompted the construction of the first curriculum changed. The idea was then, as it is now, to furnish an outline for use in the instruction of nurses. To help the teacher and student has been the constant motive in the minds of the members of the committee when collecting this mass of facts. There is no suggestion of compulsion back of this Curriculum.

The content of this book is not only an outline for use in the classroom, but deals also with some of the problems which so often beset us. Information contained within the first sixty pages will serve to guide those conducting schools of nursing. Beyond its use by principals and teachers, we hope that every nurse will read the "Introduction," "Conditions Essential in the Education of Nurses" and "Practical Objectives in Nursing Education."

The outline of basic subjects shows a rearrangement which reflects the growing importance of each. The complete course carries a total of eight hundred and twenty-five hours of lecture, class and laboratory work. For the sake of stimulating further use of the Curriculum, it has provided references to parallel its topical headings. The previous lists have been revised and newer books added, until now there are available five hundred and forty-one reference and textbooks. To those who are expecting to bring their school libraries up to date we commend this bibliography. The user who may wish to extend her knowledge of some special subject beyond the text and reference books will find, in the appendix, lists of bulletins and pamphlets, also names of firms supplying equipment and illustrative materials. We are happy to note that there is an index to facilitate the use of the book.

In summing up the ideas brought forth while reading this valuable contribution of the Education Committee, the notion comes that only the best obtainable is good enough for our nurse students and that with trained teachers to use the outline, there should follow even better results than those which came from the use of the original Curriculum.

Ohio Caroline V. McKee, R.N.
Nurse Examining Committee.

Lesson Plans in Ethics. By Charlotte Talley, R.N. Paper cover. 29 pages. G. P. Putnam's Sons, New York. Price, 25 cents.

HOSPITAL LAW. By John A. Lapp and Dorothy Ketcham. 543 pages. The Bruce Publishing Company, Milwaukee, Wisconsin. Price, $8.

HOSPITAL LAW is a digest of the laws affecting the classification, location, construction, incorporation, organization, administration and taxation of hospitals, with their liabilities to patients and others. It is comprehensive in its field and its citations are voluminous. The arrangement of constitutional and statutory provisions by states is especially helpful to one desirous of finding the law applicable to his individual case.

The book should be in the hands of every teacher of medical jurisprudence in our colleges and schools of nursing and I believe hospital trustees and superintendents will find their vision greatly broadened by its study. Legal counsels for hospitals will find it an invaluable aid in the prosecution of their duties. While primarily it is a reference book, it is so well written that anyone interested in hospitals can peruse it with entertainment. I consider it the first step towards clarification of the legal muddle in which hospitals find themselves. Its least lucid part is its treatment of Workmen's Compensation laws. Future editions, it is hoped, will correct this. The book has about the same relation to law that the old-time "doctor's book" had to medicine; it no more fits one to be his own lawyer than did the "doctor's book" to be his own doctor. It is, however, a volume replete with interest and valuable information.

Chicago, Ill. E. S. GILMORE.

SOCIAL ADJUSTMENT. By Robert Cloutman Dexter. 414 pages. Alfred A. Knopf, New York. Price, $3.50.

CHEMISTRY OF FOOD AND NUTRITION. By Henry C. Sherman, Ph.D. Third edition. Rewritten and enlarged. The Macmillan Company, New York. Price, $3.25.

CHEMISTRY of Food and Nutrition has been, for some time, one of the most valuable reference books for college students in household science and dietetics. Today with the increased interest taken by physicians and nurses in qualitative and quantitative feeding, it is almost indispensable. More and more man is questioning what his food requirement is because, as Dr. Sherman states, food and nutrition are factors in health. Knowing that many original investigations have been made and extensive research work done in Dr. Sherman's classes at Columbia University, we realize that the book is based on a wonderful background of knowledge.

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CHILDREN OF GRIZZLY (How they learned the secrets of health). By Sadye Madeleine Hageman. Illustrated. 176 pages. World Book Company, Yonkers-on-Hudson, N. Y. Price, $1.

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